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ABSTRACT

This Senate subcommittee hearing concentrates on the effects of alcoholism on the family. It states that there are now more than 28 million children of alcoholic parents, including adults who are affected by parental alcoholism. Other research cited indicates that at least half of the total number of juvenile delinquents have family members with excessive drinking problems; almost 50% of all divorce cases show excessive use of alcohol as a major causative factor; and a correlation exists between battered wives, child neglect, child abuse and alcohol abuse. A number of expert witnesses offer testimony concerning the extent and causes of family-related alcohol problems, as well as suggestions for legislative action. (Author/BP)

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IMPACT OF ALCOHOLISM ON THE FAMILY, 1977

HEARING

BEFORE THE

SUBCOMMITTEE ON ALCOHOLISM AND DRUG ABUSE

OF THE

COMMITTEE ON HUMAN RESOURCES UNITED STATES SENATE

NINETY-FIFTH CONGRESS

FIRST SESSION

ON

EXAMINATION ON THE IMPACT OF ALCOHOLISM ABUSE ON THE FAMILY LIFE

JUNE 20, 1977
SALT LAKE CITY, UTAH

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
NATIONAL INSTITUTE OF EDUCATION

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IMPACT OF ALCOHOLISM ON THE FAMILY, 1977

MONDAY, JUNE 20, 1977

U.S. SENATE,
SUBCOMMITTEE ON ALCOHOLISM AND DRUG ABUSE
OF THE COMMITTEE ON HUMAN RESOURCES,
Salt Lake City, Utah.

The subcommittee met, pursuant to notice, at 9 a.m., in the Governor's Board Room, Utah State Capitol, Salt Lake City, Utah, Senator William D. Hathaway, chairman of the subcommittee, presiding.

Present: Senators Hathaway and Hatch.

OPENING STATEMENT OF SENATOR HATHAWAY

Mr. HATHAWAY. The Subcommittee on Alcoholism and Drug Abuse will come to order. I want to say it's a great pleasure for me to come here to Salt Lake City with my good friend Orrin Hatch. This isn't the largest subcommittee in the Senate. I say Orrin Hatch is also the ranking minority member. He's the only ranking minority member, but on the majority side there are just two of us, Senator Harrison Williams and myself. Senator Williams, however, is very much interested in the problem, he's chairman of the full committee and doesn't have the time to devote to the problem that Senator Hatch and I have.

This subcommittee is sort of unusual in that, unlike other subcommittees, we can't just enact legislation and forget about the problems. Unfortunately, alcoholism and drug abuse are ongoing problems so even after we've passed our pieces of legislation, it's still necessary to remain active. And I have enjoyed working with your Senator on the subcommittee. He is dedicated, committed, brings a very intelligent perspective to the problem, and I'm glad to be here with him today. I should say that although Orrin and I work—put in a considerable amount of time on the problem—we are greatly aided by very able staff members who have to put in about 10 times the amount of time that we do and without them our efforts would be for naught.

Our hearings this morning are on the impact of alcohol abuse on the family life. We've held hearings on various aspects of the drug and alcohol problem such as the problems facing the elderly, women, and most recently on the problems of our young people, and these are but parts of an overall picture. It's now time to look at our family structure and attempt to find the weaknesses that contribute to these problems. Many factors contribute to the increasing alcoholism problem and they range from working mothers who don't always have enough time to listen, to the movement away from the church which our country has been experiencing for the past several years. Alcoholism is a contributing factor in our high divorce rate, and the number

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of runaways in our country, the number of battered children and spouses, both male and female, and even in the state of our economy.

Alcoholism touches our workplace and results in inefficient operations, loss of worktime, accidents, higher operating costs. Many of us are in contact with someone who has an alcoholism problem. I don't think there's anyone in America who hasn't at one time come into contact with the problem of alcoholism. And many of us don't know exactly how to deal with it. The stigma that has so long been attached to it still lingers on, and until we learn to deal with that, then we'll continue to have the closet drinkers who come to our attention so late it is often extremely difficult to help them. I feel, however, that an increase in the participation at the family level, the discussion of the problem openly by all members of the family, whether someone in the family is afflicted or not, can be extremely beneficial. If we're honest with our children and with ourselves, then the disease of alcoholism can be treated properly and with the understanding and support of our loved ones.

Federal, State, local voluntary and private agencies have a definite role in prevention, but this must by necessity be secondary to the role of the family. Patterns of behavior, a sense of morality, consideration for yourself and others are really learned in the family setting. Many would claim that the strength and weaknesses of nations are developed in the bosom of the family; thus, the importance of the family through an entire range of social problems can never be underestimated.

Moreover, alcoholism and other drug dependencies may have a biological or genetic component. We've heard testimony about the fetal alcoholism syndrome. The tragic tale of babies damaged or addicted to heroin or other drugs in their mother's womb is very well known. The family is the primary unit of the genetic transmission and is a critical factor in many diseases with a possible genetic cause.

Just as alcoholism and other drug dependence is conditioned on the family, so the family is essential to recovery and to improvement. Without family involvement, the road back is much, much more difficult. Often we find families with a whole array of health, financial, legal, and other problems, and the problem of alcoholism may be the key to the solution of other problems and the way out of a lifestyle marked by stress, illness, and lack of productivity.

Now, I hope we'll hear today not only about ways in which the family may play a role, but also ways in which this problem can be used to buttress the vital and endangered institution of the family. I want to take this opportunity to express my appreciation to Senator Hatch and his staff for all the work they've done in preparing for these hearings. The minority counsel, Bob Hunter, and his assistant, Sherri Kramer, have spent a great deal of time on them and we owe their success to them.

Now, I believe, Orrin, that you may want to say a few words before we proceed with the witnesses.

Senator HATCH. Thanks, Senator Hathaway. I want to thank Senator Hathaway personally because he's made it possible for these hearings to be held here. I want to express my appreciation for him because we've worked together in these Alcohol and Drug Abuse Subcommittee hearings. We've had some interesting hearings so far, and Senator

Hathaway is one of the authorities in the Senate, if not the authority, on this particular subject. And I think it's a great honor for us to have him here in Utah, and we welcome him here and we're grateful we can hold these hearings.

All too often we concentrate primarily on the effects of alcoholism on employment and employment practices, but this is the first hearing that I know of or I've heard of from the U.S. Senate standpoint where we're concentrating on the effects of alcoholism and the family because, after all, that's where, it seems to me that's the real base or grassroots problem that we have. I might just say this that the problem of alcoholism in the family, I think, can be answered to a degree or we can give some suggestions out here in Utah. This is where the cottage meeting approach was originated, and this is where a lot of good thought and good activity has been spent in trying to solve these crucial problems to our society.

We've recently seen in our Washington hearings that industry, often a victim of alcoholism, has begun to design and implement programs to identify and treat the alcoholic within the work force. These programs are making a significant contribution in the early identification and treatment of the alcoholic. Cost savings in these kinds of employee assistance programs have proved good business, and I'm happy to report that programs of this nature are becoming more common in the working place. But alcoholism does not limit itself to the workplace because it ravages the body, mind, and spirit of the victim and through him it attacks the entire family. New research data indicate that there are now more than 28 million children of alcoholic parents including adult children who are affected by parental alcoholism. At least half of the juvenile delinquents—at least 50 percent of them—have family members with drinking problems. Almost 50 percent of all divorce cases show excessive use of alcohol as a major causative factor, and it is safe to say that a correlation exists between battered wives, child neglect, child abuse, and alcohol abuse.

The ripple effect of alcoholism transcends social and economic barriers and reaches all age groups of both sexes. As Virginia Brady, a staff assistant at the U.S. Public Service's program for alcoholic recovery, has so aptly stated, she said:

> The family who is so affected progresses through all stages in its emotional disturbance. It continues its progression marked by trusted and consistent disturbances of plans, emotions and routines of living. The only dependable aspect of family life seems to be the unpredictability of the alcoholic. As the progression continues, life for the family unit breaks down from the strain. Physical or emotional death may also occur separating the family members. Indeed, alcoholism is a family disease.

Picture the situation one writer recently described. The spouse in a family of the alcoholic becomes unbalanced. First they try to tell themselves this is no problem, that everything will be all right. Then they become obsessed with the problem pouring alcohol down the sink, nagging, pretending the others don't know, lying to the boss, making excuses, vacillating about separation or divorce, blaming themselves. The children get pushed to the point where they think the alcoholic drinks because they make noise. The spouse is convinced that he or she is a failure as a wife or husband, a sex partner, or, indeed, as a person.

I believe that the scenario I've just described is not an uncommon pattern of living for the alcoholic and his family. It is wholly appro-

priate that this subcommittee now focus on these problems. I welcome the opportunity to hear from the many fine witnesses who are scheduled to testify as to how they assess the severity of family problems caused by alcoholism as well as what can be done from their respective disciplines to alleviate them.

When this particular hearing is adjourned, we may conclude that there must be a greater Federal commitment toward this continuing problem either through existing or new legislation. That will have to be determined. I suspect this hearing may encourage us to change our approach to alcoholism by persuading us that we will continue to lose ground in helping alcoholics unless we learn to treat alcoholism as a family illness and social disorder.

I might mention that thus far we've had a number of very interesting hearings, not the least of which was one in which Jack Valenti, the president of the Motion Picture Association, appeared and testified and assured us that they are making every effort they can to curtail, cut down, and even eliminate the favorable, and favorable in the sense of making alcoholic beverages and the use thereof an allure to people through television, through the motion picture media, and through other forms of media and expression. And he's made a commitment to us as members of this Alcoholism and Drug Abuse Subcommittee that he is going to do everything that he can to curtail expanded growth and, should I say, enhancement of alcohol in the movies and in TV.

We also had one of the interesting things that we had happen to us was Henry Winkler appeared before our subcommittee by closed TV and gave a stinging indictment of alcoholism and alcoholic beverages and said that he basically doesn't drink, and that was shown all over America. So we're trying in our own way to try and bring attention throughout the country to these problems, and let's hope today will be no exception. The emphasis of this meeting is to discuss the family and the problems of alcoholism and with the family and, hopefully, we can in the process help people all over America and come up with maybe better forms of legislation that might help us solve these problems for all Americans.

Thanks, Senator Hathaway.

Senator HATHAWAY. Thank you very much, Orrin.

We're honored to have with us this morning the Lieutenant Governor of the State, David Monson. Lieutenant Governor, would you like to give us your statement.

STATEMENT OF HON. DAVID S. MONSON, LIEUTENANT GOVERNOR STATE OF UTAH

Mr. MONSON. Thank you. I'm acting in the capacity of Acting Governor also, and in that capacity I want to welcome you, Senator Hathaway and our own Senator Hatch to Utah for this hearing. I appreciate the fact that you have come here, and we hope that you have a very productive hearing.

I'd just like to tell you what the estimates are for the cost of alcoholism and alcohol abuse in Utah annually. We don't have an exact figure on this, but we've estimated that they range from a low of $90 million to a high of $185 million annually. And in a State the size of

Utah, the population of Utah, that is a significant amount of money. And even more important than the dollar cost, this impact takes on many forms in the daily lives of Utah citizens in the form of family problems, loss of productivity, job time, property damage, law enforcement, health care, and treatment costs.

I, for one, appreciate greatly the emphasis being put on the family, coming from the background that I do where the strength of the family is emphasized so strongly. I appreciate this concern and look to the family as a source where we should look to find solutions to these problems. I'm also greatly concerned with the way emphasis is changing to try and encourage younger people to use alcohol products, and would hope that through your hearings and other work that is done, that we can reach solutions to stop these trends from happening.

Again, I welcome you to Utah, hope your hearings are very productive, and if there's anything I can do for you while you're here, please let me know.

Senator HATHAWAY. Thank you very much. I appreciate it.

The first witness is Dr. LeClair Bissell, chief of the Smithers Alcoholism Treatment and Training Center, Roosevelt Hospital, New York City. Dr. Bissell, it's nice to see you again. Dr. Bissell testified previously when we had our hearings on the problems of female alcoholics and made a great contribution especially to the speech that I gave a week or so ago in Maine. I quoted you about half of the speech, and I appreciate your testimony and appreciate your coming here today.

STATEMENT OF DR. LeCLAIR BISSELL, CHIEF, SMITHERS ALCOHOLISM TREATMENT AND TRAINING CENTER, ROOSEVELT HOSPITAL, NEW YORK, N.Y.

Dr. BISSELL. Thank you, Senator.

Senator HATHAWAY. Doctor, your entire statement, of course, will be put in the record, and you may read it or summarize it, whatever you care to do.

Senator HATCH. We're happy to welcome you here to Utah, Doctor.

Dr. BISSELL. Thank you. What I think I'd like to do is read it. It won't be a terribly long one, and then I'll gladly pool my ignorance with you.

I'm LeClair Bissell, chief of the Smithers Alcoholism Treatment and Training Center of the Roosevelt Hospital in Manhattan. I'm grateful for the opportunity to be heard by this committee and delighted that the Senators are addressing the problems of the other victims of alcoholism.

We often wonder how many of us are affected by someone else's drinking problem. Rough estimates are available, but they are usually based on more or less sophisticated guesswork and, in addition, suffer from disagreement as to definitions.

I believe that we are all in a sense victims of alcoholism. As one simple example, since we know that a minimum of 25 percent of the Nation's hospital beds are occupied by someone suffering directly from alcoholism or from alcohol-related illness, and since as taxpayers we are subscribers to governmental as well as private health insurance

plans, we are all paying the enormous medical costs involved. Thus, we are all being hurt.

The people who are damaged most directly by alcoholism, are usually those closest to the drinker, particularly those who because of the special vulnerabilities of the very young, the weak, the elderly, the economically or emotionally dependent are unable or unwilling to escape from the situation. Obviously, this is most likely to be the immediate family, followed in turn by employer and coworker and the more extended family of other relatives, neighbors, and friends. The family can be looked on as broadly or as narrowly as we like depending on how wide we make the definition of family and the verbal net we use to include or exclude its members.

Before attempting to suggest solutions, we must be willing to listen to those who are or who have been close to alcoholism. We must have the courage to hear what these families over so many years have been needing to tell us. We must realize that living with someone else's serious illness is never a joke. The problem cannot be pushed away with laughter or ignored as a minor inconvenience in a drinking society. We cannot excuse our own uneasiness or reluctance to appear straightlaced about drinking under the virtuous posture of respecting the alcoholic's right to privacy and autonomy in his own home. Women and children have rights, too.

Before leaving New York, I sat with Barbara King and Dava Weinstein, two of our family workers. We tried to select examples of what alcohol does to families that might illustrate the problems that arise and perhaps suggest some basis on which to develop strategies for helping.

A wealthy man started a prolonged drinking bout, left his car on the street and awakened a few days later in a strange hotel. The police had towed his car away, but he reclaimed it without difficulty and later joked about the episode.

A college student did very much the same thing. He began drinking on a Friday and found himself in another city the following Tuesday. He rushed back to his apartment where his dog was still alive but it had now been 4 days without food or water.

A middle-aged man received a head injury while drunk. His wallet and identification were stolen before he was found and hospitalized. The combined effect of his injury and a severe alcohol withdrawal reaction prevented his identification for several days. The paralyzed dependent parent with whom he lived did not survive.

An 18-month-old child had been thought to be retarded since she had never spoken. She sat in a highchair next to a table on which her divorced and alcoholic mother had placed a freshly opened beer can. The child tried to push the can away and said, "Mommy, no." These were her first words. That particular mother, who is now many years sober in AA, says this is the event that stopped her drinking.

Another baby who really is retarded was seen recently by her pediatrician. During pregnancy neither the mother nor the obstetrician who later delivered her knew that heavy drinking during pregnancy could deform the developing fetus. For this baby the knowledge was too late. Even had it been available, it is probable that the doctor involved had never been taught how to deal with alcoholism effectively. He might well have informed, warned, and scolded, but he might not have known what else to do.

An overweight 11-year-old boy is unattentive and drowsy in school. His facial development is also suggestive of the kind of birth defect associated with heavy maternal drinking during pregnancy. His present situation is that he stays up all night with an alcoholic stepfather who, if not distracted and cajoled while drinking, is prone to attack the boy's mother and younger sister. At night the boy keeps vigil. During the day he eats compulsively and sleeps when and wherever he can.

A 13-year-old reports that the reason his parents have moved from one house to another every 2 or 3 years was that his mother usually drank less when kept busy decorating a series of new homes. That his own attempts of establishing friendships or carving out a place for himself at school were repeatedly disrupted seems of very little concern to this family. Since simple changes of geography or taking on a hobby do not arrest alcoholism for long, the attempted solution didn't work. The drinking continued. Meanwhile, the combination of constant moves and the mother's unpredictable behavior throughout his childhood have left this boy old beyond his years.

A schoolteacher cleans up after dinner and leaves the house with her children for an all-night movie. They will sleep there for several hours and then return home where she will grade papers, sleep another hour or two and get herself and the family ready for breakfast, work, and school. Her husband gets drunk and abusive almost every evening. She has learned to get herself and the rest of the family out of his way during the hours that he's prone to violence and before he passes out so that she can work. She does not believe in divorce.

A teenage boy is becoming increasingly isolated and is falling behind in school. He no longer dares invite friends home because his drinking mother is coy and flirtatious with his friends. He and his father never discuss alcoholism although they alternate watching the mother to be sure she does not start fires with unwatched cigarettes, attempt to drive, or to make endless long-distance phone calls to casual acquaintances while drunk. One or the other is always with her from late afternoon until morning.

Experts feel that essential for normal development in children and for reasonable health and stability for any of us are food, shelter, clothing, and some degree of predictability in our own lives. Those close to an alcoholic may be lacking all of these things. In most cases, though, the material needs are met.

Every study of parents who abuse children physically and sexually has shown a high instance of alcoholism. While most alcoholic parents probably do not do these things, they do create a home situation in which other damage is common, damage that is more difficult to measure. For normal emotional growth to occur, a child needs honesty and consistency from his parents. His welfare needs to be placed high on their priority list. He needs their help in meeting the world outside the home and in learning how healthy adults relate to each other. Repeatedly children from alcoholic families report their distress over the continued fighting at home and their bewilderment over the fact that the non-drinking parent usually becomes so focused on the alcoholic that the children are neglected by both parents, even the one presumed to be well. Remarkable isolation between different family

members is common so that rather than discuss the drinking problem constructively, family members very often don't mention it to each other at all. Rather than help sustain each other, each goes his own way separate and alone.

Each family member often admits to a secret feeling that the alcoholism is really in some way his fault. The need to conceal the real problem from the outside world further cuts off contact, and the distance between the family group and other possible sources of help increases. Children may escape into early marriages, early departures from school to work, or may remain at home as caretakers of and babysitters of their alcoholic parents. Wives often remain because of their financial needs and those of children and because so often they somehow know that their alcoholism is sick rather than bad, and because even in a deteriorating situation there are still many good times when the person they love is available to them again and there's reason to hope that things will improve.

What makes this tapestry of human misery especially tragic is that so much of it is unnecessary. Many sources of help are potentially available and much could be done. Before treating the casualties, we should always consider primary prevention. Since alcoholism has multiple causes, it does not permit simple solutions. Certainly education alone does not prevent it, but there are steps we can take.

I think we do need good reliable straightforward public education about alcoholism and, while we're about it, other legal mood-changing drugs like soporifics and minor tranquilizers. Some of this will have to be done through mass media to be effective since funds are limited and since the blandishments of the liquor advertisers are everywhere. Honest and accurate health education is not per se propaganda. Facts do help and the public has a right to them. Knowing something about bulls is a good idea before entering a bullring.

Families need to know what alcoholism really is and where treatment can be found. They need a source of information and realistic advice. They are often totally ignorant of good services available to them. Ways must be found to inform people of their legal rights and to help them find their way through the often bewildering and unresponsive system that confronts a family in crisis when it looks for help.

Health professionals need better education about alcoholism per se and about the needs of the family in particular. Social agencies of all kinds, schoolteachers and guidance counselors, doctors, and divorce lawyers are all seeing the results of alcoholism in the family, but often they fail to realize what is wrong. They may know that someone's drinking is part of the picture, but they are rarely aware of the major part this may be playing. Unless one begins to ask why a given child appears with asthma attacks on Friday rather than simply treating the illness, one may never learn that Friday marks the beginning of another tumultuous drinking weekend from which the child escapes into the safety of a hospital.

The spouse of the alcoholic often comes complaining of nervousness, inability to sleep, vague fears and depression. Sometimes the problem is grief at the loss of a person close and well-loved who is still present in body but has become a stranger.

Alcoholism in a family creates tremendous stress for all concerned, and the stress-related illnesses inevitably follow. These can be emo-

tional or physical or both. Unless the would-be treating person is aware of this possibility and very specifically asks about drinking, little of lasting value can be done to change the situation.

In addition to education and information, there are some concrete steps that can be taken if we're sincere in helping families of alcoholics. Let's assume we have made the commitment, as we should, to try to help the family get well for its own sake and not just in order to capture the alcoholic into treatment. An important step would be to define family members as primary clients rather than as collaterals in government-funded agencies. At present, demands to increase productivity result in accounting procedures where agencies are credited with so many patients per dollar expended. If only the alcoholics can be regarded as real patients and the families are seen merely as appendages, the agency will focus its efforts on the alcoholism alone.

It would be important as we consider third-party payment systems in the whole issue of national health insurance to insure that family visits to treatment facilities receive reasonable coverage. It is always easier to focus attention on the disrupter rather than the disrupted, but this does not really make sense. Sooner or later the physical and emotional problems of the family will bring many of them into treatment anyway under a variety of diagnostic labels. If prevention is to mean anything, then certainly these families should be seen and treated early. We have long been aware of the high incidence of alcoholism in the children of alcoholic parents. Whether or not intervention can prevent these children from becoming alcoholics themselves is simply not known, but it would be foolhardy not to try. Research is needed on the effect of alcoholism on the family. We need fresh ideas and fresh studies to answer the obvious questions of what kind of help is effective. To know that, we'll need to know more about the damage that occurs. What happens if we do nothing? What happens if we intervene and what really works? We need to take advantage of data already available. The police are already collecting information on child and spouse abuse but much of this information is not being reported to legislators.

A last, and I believe important, suggestion is one that may be somewhat controversial. People hate to be told by outsiders how to do their jobs, and all of us are overwhelmed by endless and seemingly purposeless paperwork. It is clear, however, that people who don't ask questions rarely hear answers, and with no answers good planning doesn't occur.

I think we should require of all hospitals, family courts, and family treatment agencies that part of the recording of an adequate history include the asking of questions about family drinking patterns and direction of changes in alcohol use. Since alcoholism is probably the third most common disease in our Nation, and since it is deeply implicated in the situations that lead to child abuse and neglect, to divorce, and a multitude of other illnesses and, hence, to innumerable encounters with health-care institutions, I think it is not unreasonable that these agencies at least ask about it in a concerned and competent fashion. Just as this body is today asking questions and listening, ways must be found to encourage all those others who really need to know to do the same.

Senator HATHAWAY. Dr. Bissell, thank you very much. That was an excellent statement. Do you know of any case histories that have

been successful where families have been treated so to speak by governmental or charitable agencies?

Dr. BISSELL. Yes, sir, I do. And I do know of a great many cases in which the family has been the first to come for treatment and, because of what the family has done, the alcoholic has subsequently sought effective help for himself without his ever being seen by the treatment institution. It's a quite interesting thing. In other words, while this is a disease, and while the medical model can be applied quite effectively and shouldn't be pushed away, you can also use what they call a systems approach to alcoholism where the system surrounding the alcoholic and making it comfortable for him to stay ill is altered in such a way that the alcoholic's behavior itself alters.

Senator HATHAWAY. You mention on page 5, you say: "Many sources of help are potentially available and much could be done." What sources did you have in mind?

Dr. BISSELL. Simple things, self-help groups like Alanon that I think doctors know very little about. My guess is you could poll 100 doctors and find that less than 1 percent of them ever attended an Alanon meeting and even knew what was available there. A great many physicians in New York, for instance, also don't know that we will see families in our clinic in the absence of the so-called index patient. In other words, the wife or husband is just as welcome to come as the alcoholic.

Something I did not mention here that's a potential problem is the plight of the child of the alcoholic, particularly if both parents are alcoholic. The child has no money of his own, cannot technically be regarded as in a state of life-threatening emergency, wants help and approaches a treatment system that may not legally be able to treat him without parental permission. This is a little tricky and it has come up.

Senator HATHAWAY. It's true also that most medical schools don't give much, if any, education with respect to alcoholism, do they? Of course, I think possibly Boston University and John Hopkins, but very few others.

Dr. BISSELL. We have roughly 116 medical schools. I think slightly over 40 of them now have career teachers under the NIAAA–NIDA grants program. Most of those have some education on alcoholism but I can't say it's fully effective. In my own school, I went to school 10 years late because of my own alcoholism, which put me in the class of 1963 at Columbia, I received 5 minutes on alcoholism as opposed to pharmacology or the toxic effects of alcohol on the body. After 10 years of laboring to make this better, the entire medical school class now gets 2 hours. A third of that class gets an additional 6 hours, and roughly 10 students per year get 1 full month's elective. But that means two-thirds of the time somebody graduating from the college of physicians and surgeons this June will have had 2 hours of education about this illness. We do have a career teacher. He has been invited to start planning to change the curriculum. There seems to be a thawing of the ice floe up there, and we're hoping to make this better quite soon but there are no guarantees.

Senator HATHAWAY. I was just wondering if obstetricians tell their patients to give up drinking during pregnancy, for example.

Dr. BISSELL. They may, but that's the problem. As I alluded to it here, even when the obstetrician knows that alcohol can deform the

fetus, if he thinks that treating alcoholism is merely issuing warnings or scolding the mother, he's got a long way to go. If changing drinking behavior were that simple we could just print warnings in the papers and we wouldn't be sitting here together.

Senator HATCH. You would say, won't you, Doctor, that alcoholism is really at epidemic proportions in our society today, or at least the use of alcohol?

Dr. BISSELL. Well, certainly, we have millions of alcoholics and I don't think it makes much sense to argue with each other about whether we have 4 million or 14 million. We've got millions and that's quite clear.

Senator HATCH. Well, what you've suggested today is that doctors should be required or at least should make a real effort to take a family history?

Dr. BISSELL. Absolutely.

Senator HATCH. An alcohol use family history for the purpose of completing a medical history in every patient?

Dr. BISSELL. Yes, I would.

Senator HATCH. Even the young children. If a young child comes in, then the mother who admits that young child ought to be asked the questions about do you have an alcohol problem in your family?

Dr. BISSELL. Yes.

Senator HATCH. Can you tell the folks here why you consider that's such an important prerequisite in the field of medicine?

Dr. BISSELL. All right. Let's come to this asthmatic child that turns up on Friday night. What he's running away from is the fighting in the home. This is a real case. If you don't find out why the child is getting asthma on Friday, you're doomed to go on admitting that child over and over again. Once you do, you might be able to get some counseling for the mother which, in turn, may lead to helping get the father into treatment which may end the problem. For instance, I think we need to study how many of the so-called hyperactive children who are being dosed with ritalin all over our country are, in fact, children from alcoholic homes because I'm sure you're going to find a lot of them are. The children who are still wetting their beds well beyond the age where that should have stopped, a tremendous proportion of them are from alcoholic homes. We don't know yet which diseases are the ones that should give a clue that that's what's going on. We know G.I. disease, ulcers, things like that in the mothers, very definitely go with alcoholism in the home, and I would love to see someone study women admitted to mental hospitals who have been labeled crazy who perhaps may be but who are being driven crazy by alcoholism in someone else.

Senator HATCH. What you seem to be saying is much of the illness in our society today has other than physiological ramifications.

Dr. BISSELL. Yes.

Senator HATCH. And if that's so, we ought to be able to start looking into it, and alcoholism is so widespread that we probably could find ways of helping these people by taking this case history.

Dr. BISSELL. Yes, sir. That's exactly what I'm saying, particularly for those diseases that we know are related to stress. I think we ought to at least consider the possibility that this might be the stress.

Senator HATCH. But then, in addition, you would recommend that we spend more time in all the medical schools of this country and

throughout the world helping doctors to understand the nature of alcoholism and maybe some signs, points that they might be able to look at and various suggestions they might be able to make at that time by making them more aware of Alanon or Alcoholics Anonymous, and so forth?

Dr. BISSELL. Yes, certainly.

Senator HATCH. I really have appreciated your testimony today, and I think it's been not only lucid but very helpful to us and I certainly agree with you. Thank you for coming.

Senator HATHAWAY. Doctor, I assume you agree we've got to put more than the $13 million worth of research we put in last year. I suppose one of the reasons the hospitals don't teach it, there isn't an awful lot to teach. We know how to gather a lot of statistics. We know there's about 10 million alcoholics, we know this and we know that, but we don't know about the causes. Would you advocate taking some tough measures such as, you know, suspension of driver's license for a 4- or 5-year period if he was caught drinking while driving and other measures such as that to scare people out of drinking?

Dr. BISSELL. I'd like to study what the actual experience has been in Scandinavia and Great Britain and see how well that worked. If in fact it did work, let's seriously consider doing it. No question about that. As far as research is concerned, yes, I think we need a lot of research, but I think we need to think also about the choice of research that we fund. Endlessly to reinvent the wheel on some of the old research models and to study livers inspires me much less than the kind of thing that goes into a sort of cost benefit accounting possibility. In other words, if I say that the thing I am trying to do is to change somebody's drinking behavior so that that person then stays out of jail and stays out of the hospital and remains well, I think that's measurable and I think you ought to be able to ask me what percentage of the time I can do that and get clear answers. Also, I think we very much need to do some work on out-of-hospital health care delivery systems for alcoholics. Very specifically, I can treat an alcoholic and have him fully insured in the Roosevelt Hospital at $300 a day. My rehabilitation unit which gets better treatment results is less than $100 a day and yet is not so well covered by third-party payments.

Senator HATHAWAY. Probably not at all.

Dr. BISSELL. Well, actually, pretty well. But there's a big difference here in the expense of care. All right, what can we do that gives the alcoholic a fair shake but is cheaper, and I think that needs to be looked into, too.

Senator HATHAWAY. All right. Thank you very much, Doctor.

[The following was received for the record:]

MATTHEW BENDER

235 EAST 45TH STREET • NEW YORK, N.Y. 10017 • PHONE 212-661-5050

22 September 1977

Dear Doctor Bissell:

I was so happy to receive your letter and the enclosed key chain from Smithers. My shaky faith in response from some of the rehab centers was much shored up by your gesture.

Your dilemma in responding to all of us who answered your questionnaire must be shared by many of the rehabilitation centers in the field. Just last night I attended the meeting of Alcoholism Counselors and heard other people bemoaning the lack of adequate administrative help in "getting things done".

After my stay in Smithers, I worked for a while in my old profession, hotel business, but again went off the deep end and this time ended up on the Bowery, washing windshields with some of the men I had come in contact with when I was a secretary with the Bowery Residents Committee. But my higher power must have had other plans, so now I am at the above firm, having started as an editorial secretary and just recently promoted to copyeditor. These are only fringe benefits in comparison to the serenity that a year and a half of sobriety brings.

And another benefit of sobriety is that I have been able to complete a year in the EXCEL program at Fordham University, and have started a second year.

My future plans include the Rutgers Summer Session in 1978, finish a degree at Fordham, and, God willing, to become actively engaged in the field of alcoholism, not just through AA but on a professional basis.

I was in the audience for the seminars held at Fordham last May and heard you speak and thought then that I should like to speak to you to ask your advice about some of the plans I have formulated. Knowing what a busy schedule you keep, I will call your secretary to see if an appointment is possible.

Thank you again for the key chain and the kind letter.

Sincerely yours,

Jack L. Simmons

Jack L. Simmons

312 Hicks Street
Brooklyn, New York 11201

Senator HATHAWAY. The next witness is Mona Mansell, vice president, National Council on Alcoholism, accompanied by a family, I understand. Mona, it's nice to have you here.

STATEMENT OF MONA MANSELL, DIRECTOR, FREEDOM INSTITUTE, NEW YORK, N.Y., AND VICE PRESIDENT, NATIONAL COUNCIL ON ALCOHOLISM, ACCOMPANIED BY DEO AND DELMAR HOBSON

Ms. MANSELL. Thank you, Senator Hathaway. Senator Hatch, too. I want to introduce to you Deo and Delmar Hobson.

I am Mona Mansell. I'm director of the Freedom Institute, an alcoholism pretreatment and counseling center in New York City, and vice president of the National Council on Alcoholism. I presently chair the council's task force on alcoholism and the family. I am personally delighted to be with you today, speaking on this most important subject, and the council is heartened by your concern in this area.

First, I want to briefly describe the National Council on Alcoholism and the task force on alcoholism and the family. The NCA, the National Council on Alcoholism—I can't keep saying it—NCA was founded more than 30 years ago as the only national voluntary organization to combat the disease of alcoholism. We are represented across the country in 176 local alcoholism councils, governed by more than 4,000 local board members and served by countless thousands of community volunteers. Because our work is accomplished almost entirely by volunteers, we look upon our endeavors as more than just jobs. We are dedicated to helping the alcoholic and his or her family learn to deal with this disease which, by the most conservative estimate, afflicts some 10 million Americans, their families and their communities. The National Council also embraces three professional societies as organizational components: The American Medical Society on Alcoholism, the National Nurses Society on Alcoholism, and the Research Society on Alcoholism.

The task force on alcoholism and the family, which I chair, was constituted about a year ago by the NCA board of directors. The urgent need for the task force was readily recognizable by our board, just as you have seen the urgent need for these hearings today. The geometric effect of alcoholism is undeniable—geometric as the disease itself spreads, and geometric regarding the tremendous impact the alcoholic person has on those by whom he or she is surrounded. Last month the NCA testified before this subcommittee on the effect of alcoholism on the work place. As we testified then, the measurable toll on national productivity attributable to alcoholism is tremendous. But the effect on the family, while we know it exists and to an astounding degree, is much less measurable. Alcoholism is a disease not much talked about; the denial syndrome, which so many alcoholic persons create within themselves to ward off the realization of affliction, affects the family members just as deeply and no less profoundly. This is but one facet of the wages of alcoholism stigma and its repercussions in our society.

The family is our Nation's basic social unit. Our laws, our emotions, and our actions are based, in no small part, upon the experience of the majority with family interaction. One looks to the family for support when situations arise resulting in insecurity, despair, or loss. It is the traditional role of the family to encourage and participate in a process which will mitigate any social stigma attendant to the personal experience of an individual family member. This natural family process manifests itself at a variety of times: From adolescent growing

pairs to middle life job loss, the family is there to understand, love, support, and, if possible, to resolve.

But this natural family process is dependent upon the individual's recognition of a problem and willingness to look to the family for support and resolution. Apparently, our society's attitude toward alcoholism has created such an overwhelming stigma that alcoholics deny their disease to themselves and, thus, to their loved ones who have just as great a denial in recognizing the symptoms of the disease in their alcoholics because of that same stigma. Therefore, it can be said that the stigma of alcoholism, in fact, negates the natural family process of crisis resolution.

The very interruption of natural family process has an obviously debilitating effect on that family; but when this same situation is repeated throughout a community—and it happens in every community regardless of size or locale—we are talking about a crisis, geometric in nature, the effects of which, whether manifest or obscured, are monumental and incalculable.

I have with me, and I would like to see this made a part of the hearing record, the report to the NCA Board of Directors by the task force on alcoholism and the family. The report was approved by our board on January 22 of this year, and it has been sent for review and comment to all our local affiliates and to many organizations which work with families. Quite simply stated, the NCA has begun to build the family concept into all our programs: Even to the extent that we no longer refer simply to the alcoholic but to the alcoholic and his or her family. We recognize that the family of an alcoholic person has ongoing needs, regardless of the alcoholic's status or nonstatus of recovery. To take care of the family's need, we are striving for early recognition and intervention, assurance of adequate services for the family independent of services for the alcoholic family member, and dissemination of accurate and helpful information. To accomplish this, we have set out three major goals which we hope to attain along with other existing national and community organizations which deal with family problems:

First. Motivation of family members to seek help for the problems derived from the impact of the disease of alcoholism on all members of the family.

To realize this goal, we must define the interaction of public policies and family concerns, and inventory and assess present public information, family, legal and judicial issues, current facilities and aim for children of alcoholics, and training programs for professionals and volunteers. As well we must look to special needs of families with different cultural backgrounds and families where the alcoholic member is the mother. And we must attempt to influence treatment centers, the medical profession and private insurors to include the family in any form of alcoholism treatment.

Second. Conscious integration of the family concept into all alcoholism programs, and integration of the awareness of and sensitivity to alcoholism in all family service programs.

For our part, we have established our commitment to the family concept in all our efforts and we will be determining the types of research necessary, the needs for training and public information, and effective strategies for utilizing community resources to this end.

Interwoven throughout is the goal of demonstrating to family members that they are no more responsible for alcoholic relapses than for the disease itself.

Third. Bring about positive changes in the relationships among those affected with the disease of alcoholism, the family and the public at large.

This, of course, would be our loftiest goal in this area, and will not be realized until completion of the first two. However, for our part, the NCA will gather and evaluate existing informational and educational materials; develop new and more accurate information and aggressively market it; provide and promote the availability of technical assistance; organize local and regional forums on alcoholism and the family; bring together other public and private organizations to determine their roles and recommendations; and request that all schools of alcohol studies include a section on alcoholism and the family. Internally, we will be devoting entire blocks of time to alcoholism and the family at our annual forums—in fact this year an all-day track on the subject drew more than 200 attendees; each NCA Board committee will appoint a member to work on the family concept; explore with other organizations their capacities for research and information in this area; and determine what labor-management programs are doing specifically with regard to treatment for the family.

We're going to be doing an awful lot, aren't we.

I want to focus on that last item—labor-management's involvement with the family concept—because I have with me a report which I think the committee will find most instructive.

Virginia Grady, a staff assistant at the U.S. Postal Service Program for Alcoholic Recovery in St. Louis, delivered this statement at an all-day meeting on alcoholism and the family at NCA's annual forum in May of this year. Mrs. Grady says:

> The family also progresses through all the stages of alcoholism in its emotional disturbance. The family continues its progression marked by constant and consistent disturbances of plans, emotions and routines of living. The only dependable aspect of life is the unpredictability of the alcoholic. As the progression continues, life for the family of the alcoholic becomes crisis after crisis until the family unit breaks down from the strain or physical or emotional death may occur, separating the members. Alcoholism is indeed a family disease.

Mrs. Grady began receiving calls from postal workers who were members of families of alcoholics, asking if the PAR program also reached out to them. As a result, a companion program was initiated on a pilot basis for postal employees with alcoholism in the family. The statistics compiled during this 15-month pilot program are astounding. The work performance of enrollees improved dramatically; 62 percent of spouses of family clients sought treatment; cost savings for the family program alone amounted to $48,505 in only 12 months. Mrs. Grady had to end this pilot program for lack of time and funds, but she followed up with very interesting statistical research. She found that among those members of families living with an alcoholic there was a prevalent and disturbing attitude. Fear, anxiety, frustration, lack of hope for peace or happiness, guilt—these are the characteristics common to the family members interviewed. The employees were lethargic, they swung from one extreme to another in areas of personal care, interest in work and ability to

manage their homes. But unemotional statistics tell a graver tale. Compared to a control group, the alcoholic family members took 16.5 times as many hours of leave without pay and more than 8.5 times as many hours of sick leave at a cost of some $34,500 in 1 year. Comparable costs for the control group, with only one alcoholic family member, was around $3,100. This report is quite revealing and the statistics certified. I would like to have it made a part of the permanent hearing record.

In conclusion, Mr. Chairman, as the National Council on Alcoholism has maintained for many years, alcoholism affects many more persons than merely the alcoholic. There is definable impact on the family; and given the geometric nature of alcoholism and its apparently negative effect on the natural family process of crisis resolution, there is an equally definable impact on society. We've seen from reports like Virginia Grady's that the kind of absenteeism usually associated with alcoholics is also attendant to family members. These are real and tangible facts, not emotional flurry.

While I have not been able to supply the ultimate solution today, I stand firmly behind the recommendations of my Task Force on Alcoholism and the Family. I believe the principles and goals we have established for the NCA can also be applied nationally by public and private entities at all levels. I have also tried to stress the importance of the inclusion of the family in any alcoholism therapy program as a principle applicable to private insurance or national health insurance.

I'm hopeful that a year from now I will be able to come back to you with some encouraging news as a result of our intensified efforts, and I will be interested to see what you have learned and what you might be recommending. Again, we appreciate the opportunity to appear before the subcommittee today, and we applaud your visible concern for the impact of alcoholism on the family.

I respectfully request that this statement be made a part of the permanent hearing record, and would be pleased to answer any questions I can.

[The statement referred to follows:]

ALCOHOLISM AND THE FAMILY TASK FORCE

REPORT TO THE NCA BOARD OF DIRECTORS

SATURDAY, JANUARY 22, 1977

PURPOSE:

The issues concerning alcoholism and the family require a special focus to effect the following:

A. Early recognition of family symptoms indicating alcoholism.

B. Determination of problems for intervention.

C. Assurance of adequate services and resources for the family, whether or not the alcoholic is in a recovery program.

D. Recognition of the on-going needs of the family regardless of the alcoholic's recovery.

E. Dissemination of present knowledge.

PLAN:

To effect the above, the Task Force proposes to:

A. Build the family concept into all NCA programs; and,

B. Work with other existing national and local community resources that come into contact with family problems.

The following defines the issues involved in Alcoholism and the Family and describes the planned program functions.

I. DEFINING THE ISSUES

A. Goal: To motivate members of the family, including the alcoholic, through the efforts of NCA and other concerned groups to seek help for the problems derived from the impact of alcoholism on all members of the family.

1. Questions to Assist in Defining the Issues:

a. What are the public policies and social concerns which harmfully affect the family?

b. What new public policies need to be implemented?

c. What public information is available to serve the needs of the family with alcoholism?

d. What are the legal and judicial issues relevant to the family?

e. What informational and educational services are available to the family?

f. What prevention methods are being aimed at children of alcoholic parents?

g. What facilities are available to serve the specific needs of children of alcoholic parents?

h. What special assistance is needed and/or available for the families when the alcoholic member is the wife or the mother?

i. What are the special needs of families of different cultural backgrounds?

j. What training programs are available and needed for professionals and volunteers who work with the family?

k. What services and resources are available to serve the needs of the entire family? To treat a "family illness"?

l. How can treatment centers be influenced to include the family in the treatment process?

m. How can the medical profession be made aware of the needs for help of all family members?

n. How can the family of the employed alcoholic be involved in employee relations and Labor-Management programs?

o. How can the alcoholic member or members of the family of the non-alcoholic employee be involved in employee relations and Labor-Management programs?

p. How can the family be taught that sobriety is not recovery?

II. RECOMMENDATIONS

A. Goal: To consciously build a family concept into all programs of NCA and its affiliates and to work on the concept with other existing community resources who come into contact with family problems.

1. Suggested Steps to Achieve Goal:

a. Establish NCA's commitment to the family concept of dealing with the disease of alcoholism as an on-going priority.

b. Utilize the Task Force on Alcoholism and the Family to work toward this goal.

c. Determine what kind of research is necessary to define the issues.

d. Determine what training and educational strategies need to be developed and employed.

e. Determine what the public information approach should be.

f. Determine what overall strategies can be employed by NCA to reach all community resources.

g. Determine what methods can be employed to show that the family is not responsible for alcoholic relapses any more than they are for the disease of alcoholism.

III. IMPLEMENTATION

A. Goal: To insure, through monitoring, evaluating and making provisions for the inclusion of the family concept in all phases of NCA programs and in the programs of other existing community resources who come into contact with family problems, that steps are taken to implement these policy and program recommendations.

To effect positive changes in the relationships among those afflicted with the disease of alcoholism, the family and the public at large.

1. Methods of Implementation:

a. Gather and evaluate existing Public Information and educational materials for inclusion in an NCA catalogue.

b. Develop, with the Public Information Committee, a public information program focusing on Alcoholism and the Family.

(i) Public Service Announcements

(ii) Series of magazine articles

(iii) Television interview programs

c. Provide and promote, through the Community Services Committee, the availability of technical assistance on the local level.

d. Organize on the local and regional level a series of forums on Alcoholism and the Family, in order to further clarify the issues.

e. Increase the state-wide visibility of the issue.

(1) Work with State Voluntary Alcoholism Associations (SVAA's) and local councils to emphasize the family concept in their state-wide programming.

f. Arrange to have one to two days at the National Forum devoted to Alcoholism and the Family.

g. Have each NCA committee designate a Board Member or non-Board committee member to work on the family concept.

h. Through the designated NCA Board or non-Board committee member, mobilize volunteers concerned with the problem of Alcoholism and the Family.

i. Develop, with the Prevention and Education Committee, prevention and recovery programs aimed specifically at minor and adult children from alcoholic homes.

j. Bring together other organizations, both public and private, to receive their input and determine what role they can play in defining and resolving the issues and recommendations.

k. Develop training models.

l. Develop an Alcoholism and the Family program manual.

m. Seek information and comments from the NCA membership regarding the Task Force report and other material on Alcoholism and the Family.

n. Seek information and comments from other organizations regarding the Task Force report and other material on Alcoholism and the Family.

o. Explore with other organizations their research capabilities in order to assist the Task Force in gathering the necessary data.

p. Prepare joint statements and programs with other organizations on the subject of Alcoholism and the Family.

q. Determine what Labor-Management programs are doing specifically with regard to treatment for the family.

(1) What can the Task Force ask them to do?

r. Involve the Medical Affairs Committee of NCA, the American Medical Society on Alcoholism (AMSA), the American Academy of Family Physicians, the National Nurses Society

on Alcoholism (NNSA), the National Association of Social Workers (NASW), the American Psychiatric Association, the National Mental Health Association, and the American Association of Marriage and Family Counselors in the family concept.

e. Request that all Schools of Alcohol Studies, including short term programs, include a section on Alcoholism and the Family.

The Task Force hopes this study will stimulate further investigation into the needs of families affected by alcoholism. It does not in any way consider this study to be conclusive, and realizes that there are other important areas worth investigating. However, the Task Force feels that with its limitations of time and staff, the areas covered in this study were the ones best focused on at this time.

Senator HATHAWAY. Mona, you have a couple of people with you. Did you want them to say anything?

Ms. MANSELL. If they'd like to, I'd love them to. I've already introduced them, Deo and Delmar.

Senator HATHAWAY. Would you like to say something?

Mr. HOBSON. Well, I would like to say, first of all, that it was wonderful for me to have the support from my wife. She understood the disease I had and got me into a treatment center where I really learned a lot about alcoholism. And the doctor that treated me, I just regard him as one of the tops. He understands it. He was an alcoholic himself, and he gave me the knowledge of the disease that alcohol causes, and it's just changed mine and my wife and family's life, not only financially but physically and just—it's just there.

Senator HATHAWAY. How long have you been recovering?

Mr. HOBSON. Just a year-and-a-half. I drank awful heavy for over 30 years probably, and it was physically doing me harm and I was treated for it. I'm recovered. I just feel wonderful about it, and I want to thank my wife and the doctor that treated me here at Raleigh Hills, for the knowledge he gave me and the support to me is a very big factor in recovering from this disease. You have to have support from your family, which I had 100 percent, my wife and three daughters, and all my friends. And Dr. Feigal who treated me at the hospital, the staff there, how they understand that a person is sick. He's physically sick and he needs help or he's going to die. A recovered alcoholic will live, and an alcoholic that don't recover is going to die.

Senator HATHAWAY. Your daughters have grown up?

Mr. HOBSON. Our daughters are all three married and two of them live here in this area and one lives in Milwaukee. We have six grandchildren, and I would just hate to see my grandkids grow up and become alcoholics. I understand through statistics that it is a hereditary disease, and I think it's like if a person has hay fever, he doesn't get in a hayfield. I like to stay away from it because I'm allergic to it, and I know that if I drank I would be sick again.

Senator HATCH. Let me ask you this: What was the turning point to you in your particular treatment and your particular care that got you to change?

Mr. HOBSON. Well, age, for one thing. I wasn't getting any younger. My wife got the information through one of the councilmen, and I was so sick that I knew I was losing my job if I didn't. I didn't care what it cost me to go down there. I wanted to be cured. I was, and I enjoyed it. After the first 2 or 3 days I got better and better and better every day and it was really something for me.

Senator HATCH. Did you seek help to help your husband?

Mrs. HOBSON. Well, over the period of years, you know, we've tried different things. He's been really sick before and gone to different hospitals, you know, and it seemed like that didn't last very long. And, I don't know, we contacted Raleigh Hills, and I think the knowledge of learning about the disease—since he went there, you know, both of us have learned a lot more about it and it's helped our family and our children to understand. You know, all the time this is going on you're just so nervous and neurotic and sick yourself and, you know, it just creates so many problems. The children, you know, get nervous about it. They dare not have their friends in. You never know what you can plan on.

Senator HATCH. But you feel that part of the success here was that you got some understanding about it?

Mrs. HOBSON. Really.

Senator HATCH. And then in the process, were able to alleviate some of your own difficulties that occurred from a variety of factors, but mainly from the alcoholism of your husband?

Mrs. HOBSON. I think so because for so many years, you know, you just think to yourself, well, you know, he'd quit at different times and I would think, well, you know, he could quit if he wanted to. He's just—you know, just doesn't care about us or anything but that's really not true. I've learned since, you know, that it is really a disease. And, you know, I'm sure he couldn't help himself a lot of times, where I just built up a lot of resentment, you know, thinking he could. And we've gained a lot better understanding about it. I really wish I would have had some place to go years ago to learn more about it. Maybe I would have had a better attitude. Even though everyone says, well, it's a disease, you know, but I really do believe it now. I think with what you can learn about it, you come to understand that it really and truly is a disease.

Senator HATCH. You'll be interested to know that I attend the Senate prayer breakfast back there in Washington, and very often Harold Hughes, former senator from Iowa, attends and Harold Hughes is an alcoholic and he confirms everything you two folks have said. And he left the Senate to be able to go out and work with other people and be able to bring them to a greater knowledge of his beliefs but also help people who are afflicted with alcoholism.

Mona, one thing I'd like to bring up here to everybody, I've just brushed through, of course, having seen it first this morning this report to the NCA Board of Directors dated Saturday, January 22, 1977, that you've provided for us and I think it's excellent. I think it's one of the best outlines I've seen in this area and I commend you and the NCA Board of Directors for what you've done and I ask that this be incorporated in the record. Now, let me ask you a question, though, that I think might be important. Tell us a little bit more about your Freedom Institute and what alcoholism pretreatment is that you've been talking about.

Ms. MANSELL. My Freedom Institute is very new. I started it only about 6 months ago, and it's based on something called the Johnston Institute which is out in Minneapolis who believes so strongly that an alcoholic doesn't have to hit that proverbial bottom. I've always thought this. I've always thought there's got to be a way to get that guy before he is really, really sick, that woman, whichever. His whole theory is that through a group confrontation you can get to the alcoholic. I worked with the New York affiliate of the National Council on Alcoholism for about 3 years, and I found that it was the families always calling in asking what they could do about their alcoholic.

Senator HATCH. They were just as disturbed in many ways as the alcoholic himself.

Ms. MANSELL. Even more so because the alcoholic could drink it away. You know, the family was going crazy.

Senator HATCH. And they were blaming themselves and a variety of really emotional ways.

Ms. MANSELL. Of course, sir. And I find I would talk—I would be happy to see the alcoholic in my office then, but on a one-to-one basis I could put my little recovered alcoholic hat on, my counseling hat on, whatever I thought, be really optimistic and enthusiastic with that alcoholic across the desk from me, and within 15 minutes he had me manipulated around so that I was practically saying, "I don't blame you for drinking; let me go down and get you a drink." They're so smart. I know. I'm an alcoholic. So on a one-to-one basis it's practically impossible to get them in for treatment. So, therefore, the Freedom Institute—this is sort of a long explanation about what the Freedom Institute is—but what happens is the concerned person will come into our office and we'll talk to them and we'll get them to get as many people in their family who still care for that alcoholic, we'll get anybody that they can grab and we'll get them altogether, teach them about alcoholism, teach them about the disease concept, get them to go to ALANON meetings. Really give them a whole big lesson on what alcoholism really is. Get them to list specific instances when their alcoholic was drinking, and at the very end of this whole build-up we will finally meet the alcoholic and that family will then present the facts of the alcoholic's drinking to him. And in a group it's pretty hard for an alcoholic to manipulate more than one or two or three people. And what we're really doing is mirroring that alcoholic's drinking to the alcoholic.

Senator HATCH. And that's what you mean when you're talking about pretreatment.

Ms. MANSELL. And this is intervention, and we're getting very good results getting them into treatment. And even if we don't get them into treatment right then and there, we've planted a great big seed and in the meantime we're also helping that family who many times before they've come into our office has never even discussed it because they're doing all the wrong things. And there is still—no matter what they say, there's still a huge stigma to alcoholism.

Senator HATCH. So you're saying, it seems to me, that really to treat alcoholism in many ways it's sometimes better to start with the family and all of those concomitant difficulties, then bring them in gradually helping the alcoholic in a group environment?

Ms. MANSELL. Yes. Right. I feel that way strongly so that's what we're doing right now.

Senator HATCH. Again, I commend you for this report. I think it's just excellent.

Ms. MANSELL. Thank you so much. I'm glad I could be here.

Senator HATCH. Well, we're honored to have you here, and you folks, it's awfully nice to have you to come and I think it gives us maybe a little better insight that you would take the time and come and testify.

Senator HATHAWAY. Mona, are you getting middle- and upper-income people to come forward?

Ms. MANSELL. Yes, I am. That's what I'm really gearing myself to. There seems to be more going for the indigent person in New York City; that is, and very little—I think a lot back on myself and my own alcoholism, and I was a big snob about it. I mean I just thought there's no way I'm going to relate to all of those barren people kind of, and there was no place to go. I look back and think if I would have had my six children facing me saying, "Mom, you did this last night,"

boy, I would have been off to treatment a long time ago. I couldn't have backed away from all six of them together and a husband who scares me anyhow. It's working. It's good.

Senator HATHAWAY. Well, I join with the Senator Hatch in commending you and the NCA for the work you've done over the years. It's just tremendous. And I hope you'll continue to highlight those and get those who are in the public eye such as movie actors that you got last year to come to Washington. To just announce that they were alcoholics I think makes more people come out of the closet and admit they are so that they can go into treatment along with their families.

Ms. MANSELL. Oh, I agree with you. If we could get it out in the open more I'd be really happy.

Senator HATCH. Incidentally, we are going to hold hearings out in Los Angeles with the entertainment industry and hope we'll be able to bring even more to society's understanding about alcoholism through those people who many of them are alcoholics. And what you've started really has been very helpful. Thank you very much.

Senator HATHAWAY. Thank you.

Ms. MANSELL. Thank you ever so much.

Senator HATHAWAY. Next we have a panel representing the clergy, Rabbi Abner Bergman, Elder David B. Haight, and Father Thomas J. Meersman. Elder Haight, do you want to start. Rabbi Bergman hasn't appeared yet but we expect him shortly.

STATEMENT OF ELDER DAVID B. HAIGHT, REPRESENTING THE CHURCH OF JESUS CHRIST OF LATTER-DAY SAINTS, ACCOMPANIED BY FATHER THOMAS J. MEERSMAN, REPRESENTING THE CATHOLIC CHURCH; AND RABBI ABNER BERGMAN, REPRESENTING THE JEWISH FAITH

Elder HAIGHT. Thank you very much, Senator Hathaway. I'm here representing the Church of Jesus Christ of Latter-day Saints.

I would say at the outset, Mr. Chairman and members of the subcommittee and Senator Hatch, the Church of Jesus Christ of Latter-day Saints is happy to respond to the invitation to present testimony relative to the effects of alcohol on the American family.

The church has long had a profound concern for the well-being of the family, recognizing it as the basic unit of our society. The strength of our Nation is directly related to the strength of individual families. In order to bring to a focal point the central issues of this hearing; namely, the problems of alcohol in the home and family, I would like to ennumerate several areas of national concern by way of available statistical information.

First, it is alarming to realize that more than two-thirds of the adults in the United States are at least occasional social drinkers. More significantly, it is staggering to find that as many as 10 million of these Americans drink to excess. Excessive drinking implies a loss of control in one's drinking behavior and an impaired ability to function normally. Conservatively estimating that each problem drinker has a direct impact on the lives of at least four other persons, several of whom may be children in their formative years, there are more than 40 million Americans in millions of family units whose lives are disrupted by the destructive forces of alcohol use. The cumulative effects

of alcohol on the home and family are often many times greater than the simple effect of alcohol on the individual member who drinks. The spouse and children are frequently the first to feel the brunt of abusive drinking behavior. Wasted family resources, lost jobs, physical abuse, interrupted schedules, shame and disgrace, insecurity separation or divorce are common byproducts of alcohol use. Too often the end result is a vicious cycle of broken lives and broken homes.

A second serious concern to the church is the impact of alcohol in the lives of youthful family members. Recent surveys published by the National Institute of Alcohol Abuse and Alcoholism shockingly report that 5 percent of all teenagers in the United States get drunk once a week. It is also reported that most high school students in this country have at least tried alcoholic beverages. Further, as many as 450,000 youngsters ages 10 to 19 years are considered alcoholic. It is disturbing to hear the circumstances reported by young people regarding their initial involvements with alcohol.

As an example, Joe, age 19, started drinking at 9 at family gatherings just to look "cute" for his relatives.

Steve, age 18, started drinking around age 9 when he started hanging around kids whom he looked up to.

Connie, who has been sober only a few months, recalled a nightmare that lasted 3 years: "I used to get drunk every night and sometimes in the morning before school. I started out with a quart of beer, worked my way up to a six-pack, then a half-case or maybe more some nights." She said her parents both worked hard at blue-collar jobs and did not realize that she had a drinking problem. "They were just happy I wasn't smoking pot or taking something horrible," she said. Her parents' ignorance of her drinking, Connie added, made it easier for her to drink.

The consequences of youthful drinking activities are sharply highlighted by the dramatic number of alcohol-related auto fatalities among teenagers. Sixty percent of the nearly 25,000 alcohol-related auto deaths in 1976 were between the young ages of 16 and 24. Between 1960 and 1975, arrests of drunken drivers under 18 years increased 68 percent.

Despite the reality of alcohol's destructive effects on youth, current trends indicate that the situation is worsening. Incredibly, HEW statistics show that most teenagers who begin to drink do so at home under parental supervision.

A third concern of the church is the number of women—the wives and mothers of this country—who are joining the ranks of alcohol users. Recent accounts reveal startling increases in female alcoholism. If current trends continue, women drinkers will soon constitute one-half of all alcoholics in the United States. The implications for the family of female alcohol users are tragic. A family without a mother capable of providing continuous love, training, and personal devotion to her children more often than not will produce insecure, love-poverished offspring. In addition, medical findings suggest that the physical and mental consequences of children born to chronically drinking mothers are severe and may range from retardation to alcohol addiction at birth.

A fourth concern to the church is that legislative bodies of our Nation are not facing this problem squarely. Too often governmental policy decisions are made which appear to avoid disrupting the profita-

bility of the industry at the expense of measures which may more effectively curtail or discourage the use of alcohol. The need to come to grips with this issue may be illustrated by the following questions:

Should the airlines be allowed to advertise free or inexpensive alcoholic beverage as an incentive to promote passenger sales?

Should the liquor industry be allowed to promote new sales markets in places such as public campgrounds, college dining rooms, homes for the aged, commuter buses, public parks, hospitals, beauty parlors, and sometimes even churches?

Should the liquor industry profits be taxed to take care of the $32 billion social cost of remediation?

These are some of the challenges before us if we seriously expect to ameliorate the problem. The history of the past two decades indicates that the problem is becoming progressively worse. What are future trends? Unless something dramatic is done, the future offers a dismal picture for a significant percentage of American families.

The Church of Jesus Christ of Latter-day Saints has long maintained a firm stand against alcohol use. Its position is derived from direction given by church leaders to its members since its early beginning. As an example of this direction, the first presidency of the church made this public statement:

> Drink has brought more woe and misery, broken more hearts, wrecked more homes, committed more crimes, filled more coffins than all the wars the world has suffered. So great is the curse of drink that we will not be held guiltless if we did not call upon all offending Saints or members of the church to forsake it and banish it from their lives forever.

Spencer W. Kimball, president of the church, recently said to church members:

> All members of the Church of Jesus Christ of Latter-day Saints who drink intoxicating beverages are in disobedience to the commandments of God. There are no compromises or half-way measures.

The church boldly declares that abstinence—not moderation or responsible drinking—is the only sure way to avoid the social and spiritual consequences of alcohol use.

What is the church doing to ameliorate the problem of alcohol use?

The church provides a teaching emphasis to moral principles and behavior, and sponsors programs which are designed to strengthen individuals and families. Under the limitations of time, may I mention just these:

A pronounced emphasis that life is purposeful and meaningful which strongly repudiates the beer commercial philosophy, "You only go around once in life," or, in other terms, "Live it up."

Members are encouraged to continually strengthen themselves by abiding by spiritual and moral principles, and to remember that they have an obligation to be faithful, law-abiding citizens.

The importance of home and family life is emphasized. A weekly family program conducted in the home under the direction of the head of the household has become a churchwide pattern. The purpose of this family meeting is to foster continued love and unity among family members and to provide parents an opportunity to teach their children correct principles and skills to effectively meet the demands of life. Suggested materials are provided families which emphasize religious and moral values, effective communication, practical methods

for solving family conflicts, family recreation, and personal problem solving.

A fellowshiping program is fostered which reaches out to all church membership. Through this program which takes assigned church representatives into each member home at least monthly, members are encouraged to be productive, to properly manage their income, to develop their skills and talents, and to be healthy, strong, and contributive to solutions rather than the problems in the community. Church members are further encouraged to be economically and socially self-sustaining so they will not be a burden on society. We hope our people will not have need for alcoholic rehabilitation clinics.

When problems are apparent in families, the church stands ready to provide spiritual, social, emotional, and economic assistance.

From age 12 our boys and men belong to a fraternal organization called a priesthood quorum. Its purpose is to provide fellowship, group strength, leadership development, and service opportunity.

A strong young women's and adult women's organization provides female members of the church with opportunities for sociality, development of skills, leadership training, and compassionate service.

We recognize the wisdom of the dictum, "They that be whole need not a physician, but they that are sick." A great, persistent effort is made through the male and female organizations in the church to assist those who may be physically or spiritually ailing. But we prefer the principle that "prevention is better than a cure," and I might add, less costly to society. We believe that the destructive effects of alcohol not only can be remedied, but should be and can be eliminated. An effective solution, it would seem to me, may be summarized in these words: To teach a purposeful life, abiding by spiritual and moral principles, strong family ties, and a concerned care for one another.

In summary, the church recommends careful consideration to the following items as deterring measures to the problems of alcohol use which affect the stability of the home and the family.

1. That we promote the strengthening of the American home and family by emphasizing family togetherness, moral responsibility, and law-abiding citizenship.

2. That the courts strictly enforce the laws and penalties involving alcohol-related crimes and driving under the influence of alcohol.

3. That we legislate greater control on the media over beverage alcohol advertising and programing promoting drinking as socially essential, the mode of our times, and "Everybody does it."

4. That Government agencies strongly consider taxing the profits of the liquor industry to assist the staggering $32 billion dollar social cost of remediation.

5. That the courts strictly enforce the laws pertaining to the sale and distribution of alcohol, particularly to minors. As an example, the liquor industry currently is marketing 30-proof alcohol milkshakes in many flavors and rum-based cookie wafers, candy bars, and cakes in newsstands and grocery stores. Over a million cases of the milkshake were sold in a brief period during a Los Angeles market survey.

We strongly urge, that our elected Representatives not allow the human consumption and abuse of alcohol to weaken our ability to

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govern with high motives. Our people need strength of character, not weakness, to preserve our Nation.

Thank you very much, Mr. Chairman.

Senator HATHAWAY. Thank you very much, Elder Haight.

Father.

Father MEERSMAN. My name is Father Meersman, and I come here to not represent the Catholic Church; I come here to tell of my own work in the problem of——

Senator HATCH. Father, excuse me. Rabbi Bergman, come on up. Excuse us, Father.

Father MEERSMAN [continuing]. To tell of my own personal work in the problem of alcoholism. I worked in AA groups about 22 years. I have been out at the Utah State Prison as the Catholic chaplain for about 20 years, and it was there that I, you might say, received my first indication of the enormity of the problem. And, as a result, I've carried that through in my work as a priest. I've talked at most AA groups in the area, in neighboring States, in Idaho and South Dakota. For some 6 years we were involved with the Indian alcoholic program that was up at the University of Utah for many years. We've been on panels at the School of Alcoholism, and so in a way my interest and work in alcoholism is kind of on a grassroots level.

The Catholic Church promotes, of course, the family strength which alcoholism attacks. The Catholic bishops have among their organizations an organization called the National Clergy Council on Alcoholism presided over by Bishop McDonald of Little Rock, Ark. And they're very, very involved and very interested in the problem of alcoholism. They're guided by experts in the field, sociologists, psychologists, psychiatrists, any and everybody who can help them in this problem of alcoholism.

They have in the Midwest part of the United States a unique organization called Calix. "Calix" is a Latin word which means chalice. And to this organization belong thousands and thousands of Catholic alcoholics. Some see it somewhat as a supplement to AA. It's growing very, very rapidly. They have a publication that's put out every month. They have every year a national get-together. And it was interesting a few years ago when they were in Rome and they were presented to the Holy Father in an audience, and he recognized and talked somewhat about the problem of alcoholism.

One of the things that we as Catholic clergy do when we are brought face to face with a family that has problems with alcoholism, if you work with the alcoholic, if he's a man, that many times you recommend a retreat. I was at an audience with the Holy Father a few weeks ago in Vatican City, and he said something at that audience that I've never heard him say before. Present at the same audience were abbots from Trappist monasteries from all over the world. We happen to have a Trappist monastery here in Utah, in Huntsville, and they do their best to leave the world and leave the world behind in their mode of life; of their arising at 3 o'clock in the morning; of their maintaining silence; of the way that their entire life is lived. But the Pope said something to all of these Trappist habits from all over the world including our own Father Emmanuel here from Utah. He said:

You Trappists should provide an opportunity for people to come to you in a facility that you should make available to them where they can reflect on their problems that need to be resolved.

And he recommended highly—I've never heard the Pope recommend that these contemplative Trappists make available to people in the world their facilities for that. All Trappist monasteries in the world have retreat houses, but the Pope encouraged this.

I think it's very significant that—I know personally of many people, especially men, who have used the monasteries to combat and eventually win over both alcoholism and drugs. That it's a long process, and that when they use especially the spirituality as a Catholic, then they like to have a monastery as their battleground. It provides an excellent battleground for that.

Calix is the Catholic group of people, especially in the Midwest, and they gather together on purely spiritual lines. That they use their beliefs in combating not only their own alcoholism not only the alcoholism of other alcoholics that they might know about, Catholics, but also the family.

What about Catholic priests? I heard the doctor say here earlier a statement I think you could say about a lot of Catholic priests. She said many doctors have never been to an AA meeting, and so when they would find it necessary perhaps to refer someone to AA, it would help if they would know perhaps more about how AA operates by just being at a meeting.

A few weeks ago down in Houston I talked to a priest who is an alcoholic. There is alcoholism among some of the Catholic clergymen. There's no question about that. He is one. And he was so thrilled. He says, "You know, about 3 weeks ago I was able to bring my bishop with me to an AA meeting for the first time in his life." He said, "I go every week. I'm an alcoholic. I have been without drink now for some 20 years," and he has devoted his life—he's retired but his entire life is devoted to alcoholism on all levels. And he said, "I was able to bring my bishop with me to an AA meeting, and my bishop was just enthralled with everything that he heard."

This is one thing we must do is to go to Catholic clergy and not only furnish them with some of the information that's given here at these meetings, but, if possible, make it more specific and perhaps invite them to attend AA meetings so they can see how it operates so that when someone comes to them with a problem they can with firsthand experience give to these people knowledge that otherwise they would only have on hearsay or reading knowledge.

In many of the Catholic colleges, especially up at Seattle, they have more courses now on alcoholism teaching college level, and in some of the high schools teaching at high school level students minds, putting into their minds the knowledge that they need to, if necessary, combat alcoholism; at least to know about it, and it can serve as a great preventative.

The Knights of Columbus, a multimillion organization in the United States of America, the April issue of their paper, the Columbian, pictured a bottle of alcohol and inside incarcerated in the bottle of alcohol was an alcoholic. The entire Columbian magazine was devoted to this problem of alcoholism, and perhaps of all the specific things, that one thing, that Columbian magazine which goes to millions of homes because I read the subsequent issue, the letters to the editor, had a tremendous impact in informing everyone in words they could understand about the problem that alcoholism is. And the letters that were

written to the magazine, it was amazing. It was extremely well done. I know when I speak on alcoholism, there are different ways to talk about it, describe it, of course, and I often use alcoholism, you know, as being synonymous with incarceration. Freedom of being free—I mean you're no longer free, rather; that you're incarcerated. When you're incarcerated, you have no freedom. When you're an alcoholic, you're powerless in this whole business of drinking.

Well, that's what I have to say; that I do think we need more interest by all of us clergymen not only in generalities but in specifics. We need firsthand information so that when people come to us we can refer them to organizations not only that we've heard about but that we've actually kind of participated in and, thereby, I believe that all clergymen can make a very significant—a significant advance toward some day getting rid of this enormous problem of alcoholism. Thank you.

Senator HATHAWAY. Thank you, Father. Rabbi Bergman.

Rabbi BERGMAN. Thank you. From the perspective of Judaism, perhaps a slightly different orientation and perspective may be shared from that which obtains in other religious traditions.

Alcohol is not viewed as something bad or wrong as such in Jewish tradition past or present. Alcohol is itself not deemed to be a problem. Alcoholism may well be the result of problems and, Lord knows, alcoholism produces in its wake catastrophic problems for individuals and family units.

To a great extent, when most clergy people deal with alcoholics and problems related thereto, for the most part—and the Father in a way alluded to this—we're dealing too often with symptoms, not often with the real problem. My own experience, and as I have to frankly admit, the lack of experience of myself and most rabbis in this area is, I think, indicative of just this fact.

There's a debate in the Talmud about alcohol, and the rabbis about the third century argued whether we should allow our people to consume any kind of alcoholic beverage at all. It was clearly understood that people were not always in control of their sensibilities when allowed this possibility. The decision of the rabbis was: We must allow it. It is as much as love or kindness or charity part of God's creation, and if it is created by God it is basically just that, something that may be used for good. And alcohol itself may be something, of course, detrimental, but in and of itself not negative.

The same tractate in the same debate states: "one cup of wine is recommended with food; two cups are disgraceful, three demoralizing; and four are absolutely brutalizing!"

I continue with the quote of one rabbinic sage who said: "Wine with a meal is absolutely delightful; wine between meals is sinful."

In Jewish tradition, wine or consumption of alcohol of any kind was not wrong or sinful. It was just part of life, part of God's creation. What was deemed sinful was the loss of control over one's self, one's decisionmaking facilities and faculties that might result therefrom. Drunkenness, alcoholism, abuse of God's creation. God's natural order in any way, was deemed sinful. Alcohol in and of itself was not.

Now, I go into this perspective so that we can understand some of the facts and realities of alcohol in a Jewish family context, in a Jewish communal context. Alcohol is there. It is not a taboo. It is not some-

thing wrong, from Jewish perspective at least. In fact, on some occasions wine is a sanctified part of religious observance. Friday night in a Jewish home a prayer is said and wine is shared by every member of the household. Children—my own children engaged in this rite before they could speak intelligently or form a sentence and we drank wine together as a family. It was not deemed an overly ecstatic experience, wonderful and blissful, nor was it deemed something wrong or terrible. It was just there in the home, and also part of the synagogue rite which is just perceived as an extension of the home.

And I stress this because I think it has a lot to do with current—with past, current, and potentially future findings among Jewish people involved with alcohol in America.

Myers and Roberts, in what ought to be really required reading for most clergy people, an article entitled "Relationships Between Religion, Ethnic Origin and Mental Illness," reported that among known, statistically known, alcoholics in America, less than 1 percent of those people were Jewish. They postulate elsewhere in their findings that perhaps this is a result of the fact that it is, as I said, simply there, not viewed as something wonderful and not viewed as something terrible. Something that may be used to destroy or something that may not. They also postulate, I may add—lest I sound in any way chauvinistic—that the statistic may be a bit spurious due to the fact that since alcoholism is such a negative among Jews, and because of the basic sociological demographic economic realities of Jews in America, that basically we don't see most Jewish alcoholics. They may well be there for the same reasons they're there among other groups, but rabbis or even therapists—or rabbis certainly in a communal setting—do not see them. They'll be in the closet dealing in a therapy situation they can afford to have rather than one a community or clergy person might feel the need to provide.

Quite alarming, also, I might add, is the fact that while relatively the percentage of Jewish alcoholics in America has been low, it seems to be increasing—and increasing at exactly the same rate as alcoholism is increasing among every group—majority, minority group—in America and no differently. Rosenthal in his book "The Jewish Family in a Changing World" corroborates the statistic of Myers and Roberts of less than 1 percent of alcoholics being Jewish, but also adds the fact that while relatively the percentage is the same, the number seems to be increasing at the same rate as the rest of society.

The fact is, therefore, that rabbis do not deal with alcoholics, and I don't say this with pride. On the one hand, the fact that alcohol is not a taboo; on the other hand, the very strong taboo against loss of control of oneself and one's behavior leads Jewish people not to go to a rabbi with their drinking problem—and is reinforced by the fact that the education of most rabbis is sorely lacking in this area. The study by the New York Federation of Jewish Philanthropies in 1975 found that of 400 rabbis in the New York area who were interviewed, only 16—16 out of 400—about 4 percent, had dealt with even 1 alcoholic in the last 6 months of their life. And my own experience here in Salt Lake and prior to that in San Francisco basically bears it out. Even in San Francisco where, without any statistics to guide me I'm somewhat guessing, the rate of alcoholism may be somewhat higher than here, I saw exactly as many alcoholics as I've seen here in 6 years.

in Salt Lake City—three; and I felt in that setting woefully inadequate to deal with them. In each case I referred them. In two cases there was not financial need and they could deal with it privately through a therapist. In the other case, through our communal welfare fund we paid for treatment for this person.

I have no doubt that there are a great many Jewish alcoholics in America. Most of them are in the closet. The tragic result of that is, as I said, it's a self-fulfilling prophecy. We want to believe we're wonderful. We don't have the problems other people do; therefore, we train rabbis, overly train them psychiatrically, with an immense loading of training in this area but nothing dealing with the disease of alcoholism. This really ought to change. On the one hand, it would be very healthy, at least in a Jewish setting, for us to reach the point of personal and communal breakthrough to be able to say, "Well, we've got the problems other people do." Even just that admission individually and collectively would probably be, pardon the pun, very sobering and very liberating, I think, for our people. Along with that, the training of rabbis in this area—if nothing else to make them aware that the disease does exist—would go a long way toward making it easier for lay people. Certainly it would prevent us from again falling into the trap of dealing with symptoms.

I think Judaism in its tradition was absolutely accurate when it realized that alcohol itself is just part of God's creation. It is not a problem. In the hands of people with problems in other areas of stress and strain, it may well become and be used as something mythological to solve problems, and create in its wake many more.

I hope this perspective along with that of my fellows here may well help you in some way.

Senator HATHAWAY. I want to thank all three of you very much, and in answer to some of the criticism that you have made, Elder Haight, we are working in the advertising field. I've recently written to the new Federal Trade Commission head and asked him to assert jurisdiction in this area rather than leave it to the Bureau of Alcohol and Tobacco Tax which does have sort of a sweetheart relationship with the Government industry such as collecting taxes from them, and they also don't have the expertise to monitor these ads. I have not heard back from the new chief of the FTC but I expect to soon and would hope that he would get into this. But I agree with you, there are many misleading advertisements that are inducing particularly our young people to take up drinking where they otherwise might not. And, Father, that was an excellent issue of the Columbian. I did write them a letter which they printed commending them for the April issue, and I hope they keep up their efforts.

I'd like to ask all three of you, though, what can be done because I think you'll all recognize that the church in all denominations as an institution in our society is eroding somewhat. And I think that's too bad, and I just wonder what suggestions you have to bolster it because I think it can be and has been in the past an effective force for change, not only in the area of alcoholism but in many other areas, and would welcome any suggestions that you have.

Elder HAIGHT. Well, I think one that we always talk about or usually talk about is the example that is set for the youth, the generation coming along, who will be in positions of leadership in our Nation

and in society; that they should see examples of leaders that they can admire and have great respect for. Those in the Congress and other places need to be exemplary. You were alluding to the news media. I don't think our young people need or should have a feeling that the cowboys can't go out on a roundup without being in the bar and soaking it up, and the bar scene is just part of the great western interest that we have in that part of our society and that people come together socially—that they can't come together socially without a cocktail in their hands. That this needn't be part of the scene that we teach our young people coming along. But we'd commend you for holding this hearing and hope that some steps can be taken to eliminate this teaching process particularly in the media and in the enforcing of our laws, in the curtailing of the spreading of alcohol in various commercial means.

Senator HATHAWAY. Thank you. Rabbi.

Rabbi BERGMAN. There's a real danger in any religious setting that I'm sure each of us here testifying are aware of and you Senators, in your own way, sitting in pews, are aware of too. A clergy person, a rabbi, priest, a bishop may well pontificate from a pulpit very strong values of a very firm direction that have absolutely no meaning in people's lives. We very often tend to make ourselves feel very good by saying loud and clear, "we can have a lovely social occasion without having martinis in our hands"; and we say that and it has no bearing on people's lives. From the pulpit in that setting, none at all. The fact is, legislating morality, like pontificating from a pulpit is, at best, top-of-the-iceberg type of stuff. It gets very gracious, very kind nods from people and very little more. Even more than that, there's a yet further danger in a religious setting of pointing a finger and stating "thou shalt" and "thou shalt not." The danger is loss of respect. The danger is alienation from one's faith rather than an embrace and an understanding.

The creation of verbalized and legislated taboos creates particularly in younger people—every parent knows this—a feeling of mystery and a feeling of awe and wonderment that is potentially harmful. The feeling—I'm speaking personally from my own experience with hundreds of young people—is that when one creates legislatively, or verbally or sermonically or religiously, a taboo, one also creates an immense facination and a desire to know more in ways that will come out in a manner deviant to the law or the religion or the society. I'm really scared silly when I realize how many high school kids can't go to a party with one another without bottles of wine. I'm equally frightened at the fact that we may well be giving that alcoholically oriented teenage culture more credence than it deserves by legislating against advertisement, legislating against sales of a certain kind or at certain times. The creation of taboos and strictures will, particularly with a group like this, have an immense inverse impact: "Why do they want to keep this from me? There's got to be something here" Especially is this true when one is dealing with teenagers and all of the experimenting and the testing of one's own physical and cognitive abilities that takes place during those years.

Senator HATCH. Well, Rabbi, I don't think that's what they're saying.

Rabbi BERGMAN. No, I know you're not saying that.

Senator HATCH. You would agree, I think, that our desire to quit emphasizing alcohol as a wonderful substance, as a great social motivating source and so forth in TV and movies, the extra emphasis rather than the legitimate emphasis instead of enhancing the use of alcohol. I don't think our teenagers have to know that we're putting it down, you know, that we don't make it an alluring substance. But, on the other hand, I see your concern is if we make it a taboo, that creates an incentive to get behind the taboo. But, on the other hand, if we can make it less alluring and less pronounced from the standpoint of being a wonderful thing, then maybe we can benefit society in that way.

Rabbi BERGMAN. I couldn't agree with that more, Senator. I'm really concerned with the extreme in both directions.

Senator HATCH. Sure. We surely appreciate your remarks. Father, you had a thought?

Father MEERSMAN. I believe that, from my standpoint, youngsters of today are very, very wise, and I don't think that they as yet realize the horrendousness of alcoholism. I don't think most people do because they can't portray it because you can't see it unless they live with it and, you know, they see it day after day and they're affected by it personally. And it's somehow through education and it does take time. You just can't take somebody down to a drunk tank and things like that and show them, you know, visual aids, you might say. It has to be done over a period of time, and I don't have right at my fingertips any bright ideas as to what to put in that program, but if you put across to them the horrendousness of what alcoholism is, powerful, cunning and baffling like the big book in AA says, and put that to them in a graphic way as something to be avoided, I don't know of a better way from a practical standpoint. You can talk about it and you can write about it, but I think they have to see it. You know, this is the whole principle of advertising. It's kind of the reverse of what we're talking about here. You know, there's one other—I should have brought it out and I forgot. The Catholic Church is so aware of the dangers of alcoholism among its own clergymen that here a few years ago they changed a rule of the church that at the religious service, the mass, grape juice can be used.

Senator HATCH. I didn't know that.

Father MEERSMAN. And what you're saying about youngsters in church, yesterday I was on TV for an interview. They said the latest Gallup poll said that there is a return now, at least there's an indicative return back to religion on the part of many people including many young people.

Senator HATCH. We'd really like to thank all three of you eminent church leaders. It seems to me with your differing yet coalescing perspectives, I think this has been enlightening and it's been a different approach than we commonly are taking. We're looking at the family now because, from what's been very effectively said here today is that maybe alcoholism can be best solved by starting to work with the family and looking at the basic family unit. And I think you fellows have confirmed that, and we're deeply appreciative you've taken time to be with us today.

Senator HATHAWAY. I think we'll take a 10-minute break at this time.

[Short recess.]

Senator HATHAWAY. Our next witness is James Kazen, Director, U.S. Office of Education, Drug and Alcohol Training Center, accom-

panied by Sister Kathleen Brogdon and David Seamons. Mr. Kazen, you may proceed.

Senator HATCH. Very happy to have you with us.

STATEMENT OF JAMES D. KAZEN, DIRECTOR, U.S. OFFICE OF EDUCATION, DRUG AND ALCOHOL TRAINING CENTER, ACCOMPANIED BY SISTER KATHLEEN BROGDON, GUIDANCE COUNSELOR IN AN ALL-BOYS SCHOOL IN BATON ROUGE, LA., AND DAVID SEAMONS, GRADUATE, DRUG AND ALCOHOL TRAINING CENTER

Mr. KAZEN. Thank you, sir. Senator Hathaway and Senator Hatch, I consider it a privilege to be here testifying for two reasons. Because the State of Utah by tradition and decision has been so much a part of strengthening the family unit over the years; and I think my second reason is that one of the exciting concepts that we're going to share with you this morning had its roots right here in the State of Utah. For the very first time it was done here in Utah with the help of the division of alcoholism and drugs which Bob Christiansen heads, and without whose help and inspiration from the State this concept, which is now a national concept, would never have been undertaken. So I consider it a real privilege to be here in Salt Lake City.

I am the director of the nine-State regional training center, which Utah is one of our States, funded by the Office of Education under a contract to Trinity University in San Antonio, Tex. The regional training center is one of five national centers created in 1971 to respond to a variety of drug and alcohol related problems. Our philosophy is best articulated by Dr. Helen Nowlis who came to Washington from the University of Rochester. Her concept was to develop a system of resource training developmental assistance centers which could respond nationally to thousands of rural and urban communities. A different model of training teams of community and school leaders was developed at each center that resulted in comprehensive intervention and prevention programs in hundreds of cities and towns throughout the nation. I believe in your hearings you've already heard from some of those teams from other parts of the country and you'll hear from a couple of more today.

Utilizing an interdisciplinary school team approach and an aggressive on-site support program, center-trained teams of five to seven individuals have been able to energize entire communities. During the period July 1976 through March 1977, a total of 66,214 parent/adults were impacted nationally by 322 teams. During a similar period of time, these teams were able to go back home with a little bit of orientation and training in a retreat setting that we provide them and raise almost $4 million locally to deal with these problems. I consider it a great national bargain.

The mission of the regional training centers goes beyond training and technical assistance. Centers also create projects which identify, evaluate, demonstrate and disseminate strategies for prevention and early intervention. The strategy I am personally most excited by is the subject of my testimony today. And I think testimony is an appropriate word for what I intend to do briefly here.

I wish to make a solemn declaration on behalf of developing the family as the basic prevention unit against destructive behavior such

as alcohol and drug abuse. I have come to this position after 14-years' experience in the field which began for me in the district attorney's office in San Antonio, went through the National Institute of Mental Health where I went into almost every State setting up treatment programs to my present position. I believe now that unless we are prepared to assist families in developing skills to cope with the tremendous forces working against it, we are all wasting a great deal of time, resources and energies talking about alcohol and drug abuse prevention. Without a massive prevention effort, we are facing a never-ending stream of future participants in treatment and enforcement programs.

Essentially, I believe there is no such thing as a drug or alcohol problem. There are heartbreaking problems people are having with chemicals, but these can be better defined as behavioral problems. The causes are varied and the solutions must be multifaceted. In my opinion, the one positive statement that can be made about alcohol and drug abuse is that for the first time in our Nation we must deal with a behavioral problem which affects individuals from every racial, ethnic and socioeconomic background. If we are successful in marshalling resources to deal with this problem, we will be working on solutions to those questions now facing nervous parents, alienated young people, pressured educators and government officials at all levels. This is the promise of the problem. Or stated differently by one of my favorite authors, Richard Bach, "There is no such thing as a problem without a gift for you in its hand. You seek problems because you need their gifts."

For me, the gifts come in our new understanding of the concept of community, humanistic school environments, and the importance and necessity of the stable family. And how important is the family unit? The evidence is mounting which allows us to speculate that a surprising range of social problems from serious crime, drug addiction, sexual hangups and political assassinations may be linked to ineffective parenting. More and more schools are assuming roles once traditionally the purview of parents. In addition to providing the basics of education, schools are now expected to assume responsibility for a child's character, education, personal counseling, valuing, life goals, career development, sex education, driver education and lately drug and alcohol education. After assuming these additional roles, there are some parents who wonder why schools are not able to teach their children to read and write.

Personally, I believe education is not the sole prerogative of the schools. Educators may dispense data in a formal setting, but the ability to process information and skills to cope with life must come from a child's immediate community—the family. The family is a stronger agency of educational success than the school. The family has always been a stronger teacher of religious imagination than the church. We know this, but somehow we all become part of an ambivalent system with respect to the family. On the one hand, our rhetoric encourages interpersonal attachments, loyalties, sacrifice, commitment and rational decisionmaking. On the other, it sells instant gratification, entertainment, movement, and hedonism.

Probably at no time in our history have we had the need to encourage the moral importance of the family unit. The path of alcohol and drug

abuse prevention is clearly marked with signs of positive family life. In a study of nondrug and alcohol users completed by the Office of Drug Use Prevention in St. Louis County, Mo., researchers reconfirmed that the family is a prime factor in prevention. Youth in the nonuser survey population reported significantly more often that their parents treated them with respect, that their parents listened to them and that their families helped them solve problems.

Well and good for the functional family. But as Michael Novak writes:

> For many, marriage has been a bitter disappointment. Parents long to be free of it. They loathe marriage and celebrate its demise. Each sign of weakness in the institution exonerates them of personal failure.

The divorce rate is approaching the marriage rate and children are more and more left alone. Urie Bronfenbrenner, a child rearing expert, reports some startling statistics which demonstrate that parents are spending less and less time in direct relationships with their children. One study of middle-class families with 1-year-old infants found that they spend an average of 20 minutes a day with the infant. But, when a microphone was installed, the true interaction period proved to be 38 seconds a day. In questioning over 600 parents in our training model, I have rarely found a group of parents that have spent more than 4 hours of awake time with their children during a 24-hour period. So it seems that we are parenting our children in absentia. An emotional vacuum envelops us all to some extent so that it sometimes is hard to pretend that one's lives really matter to each other—even in the family.

It is no surprise, then, that 4 years ago our focus as a prevention center became the family. We began with ourselves and what was happening to our families. We, as helpers—and I think most of us in this room are helpers—face the same problems that the so-called families in trouble face: The separations from our families that our duties take us as helpers as we go out. We are under the same stresses. A survey that I took that is not included in this part of the record, of the 40 people who were involved in training heavily in the late 1960's, I did a quick check to see how many of those 40 who all got married in the same period of time remained with the same spouse, and less than 10 years later only two were left with the same spouse. I think at the regional training center we became good teachers because our need to be learners was so great. With the active participation of our spouses and children, we developed an experiential adventure for the entire family which I would like to describe with the assistance of Sister Kathleen Brogdon and Dr. David Seamons.

This form that you see behind you, if we can get the power to work, Sister Katie is going to describe for you, and then Dr. Seamons is going to talk about some of the applications here in Utah, and then I would like to conclude before we begin the question and answer.

The family training model supports a number of concepts which are relevant and operational for all members of a family unit. For too long, families whose needs were educational, have found themselves in the hands of therapists whose diagnosis and dissections entailed long and costly processes. This model of prevention we're dealing with is not designed for families that are sick; it's designed for families that act funny and that includes most of us. In other words, we're dealing

with a prevention concept that says that before we get to serious drinking problems and serious experimentation with drugs, something is not happening right in the family and this is the model that deals with that.

I'd like to introduce Sister Katie now who will give you a little bit of background of how we take these forms and take the family as a unit and train the family as a basic prevention unit. I think the thing that is really unique about this particular approach as one of the solutions is that the data is not restricted to the adults going through the experience, but a 2-year-old gets the same kind of concept in terms of interpersonal communication, values' clarification or whatever, that the adult is getting except we use these forms to get the data down to their level. Sister.

Sister BROGDON. Senators, may I stand? I can see you a lot better, and I feel a lot freer, if you don't mind.

I'm Sister Kathleen Brogdon. I'm a sister of St. Joseph's. I'm from Louisiana. I live in Baton Rouge and work out of Baton Rouge and New Orleans, and I've been 31 years in education. Now, my testimony is here, but what I'm going to say is really contained in concept here, but what I'm going to say is really not there on paper. I thought I could best explain it to you by being right here and showing you some of the models.

I've spent 8 years teaching formally and 10 years as a principal and 7 years as a supervisor in schools in the Baton Rouge and New Orleans diocese. And the last 6 years—not my last 6 years, but within the past 6 years I have been a guidance counselor in an all-boy's school in Baton Rouge, a school of 600 young men. And so I would travel miles and miles to come to you and say: Please listen to this model and please put it into effect because I'm not bound to it in the sense that it's not my work. It's just something that I firmly believe in. And I think Jim—and I'm talking about Jim Kazen here, not Jimmy Carter—Jim has a lot to give you. He has many, many answers, and he only can give it to you because we have seen it work. And as he said, the first model we used was right here in Utah in beautiful Homestead and the environment was important and part of this will be explained to you as I go on with the model.

First of all, in my work with young men in a senior and junior high school, over and over again it comes to the foreground that young people are saying: I turn to drink, I turn to drugs because I'm lonely, because I don't know how to cope with the problems of communication within my family. I don't know how to cope with the problems of not feeling that I am trusted and I can trust other people, and I don't know how to cope with the problems of just struggling to learn self-identity. And I need others but I'm afraid to trust them because, first of all, I'm afraid to trust myself.

And so with this idea coming forth continuously, I worked with Jim on the children's program and the young adult program in order to see if we could work out something that would help these problems. And do you know, in my work with young men I do a lot of work with adults, with married couples, and mothers and fathers, and we find these people also have the same problems: How to communicate, how to be open, how to trust, and how to be tolerant. So the model is this, in essence. We actually have taken from Dr. John Narcisco, a

psychologist in San Antonio, a magnificent communication skill program that he has set up and we had it for adults, and we took that adult model and we brought it down to the level of children. We work with children in these areas. We took the first form up until 2, then we work with the 3 to 5, the 6 to 8, the 9 to 11 as distinct units. And we have the 12 to 14, and then the senior high and then the adults. And what we've done is to take from the adults all the way down to the nursery children, we have brought this skill in communication, this model of relationships to their level. We do this partially by the activities that we use.

For example, in the young children we do a great deal of storytelling, and if I had more time I would actually run through one of those stories with you and show you how we make the application. And we tell the story and then we allow the child to exercise in some sensory way through an activity how that story can come to life with him. And then, in turn, when the family gets together in the evening, in this particular experience that they go through they can discuss what they have learned on the adult level, what the children have learned and put it into practice. Magnificent communication skills are given. A particularly beautiful trust of family member among family member, of between family member, and then families seeing how they, in turn, grow into a community, that they can trust people they've never known before they've come to this particular experience because people begin to say I need you and you need me.

Then what we do in the environment setting, which this Star Trek, and that's what it is, is really magnificent. We use this set for the 9 to 11, and I want you to know that this set was built by Santiago on his own time and with his own talent and it becomes all collapsible and we carry it around on airplanes with us to go to all the different centers that we need to go. In the other environments—and I'll come back to this a little bit more—in the 3 to 6, for example, we have magnificent art forms that are taller than the pictures of these Governors here that were made by the wives of some of these staff members in San Antonio. We use color and we use texture. For example, in the 3- to 6-year-olds—3 to 5 we have the environment of nature and we use beautiful large sunflowers, and these sunflowers are put in a room and we build around nature as the theme, and we carry these felt objects with us and we bring them wherever we go.

Now, we haven't finished executing all of the models that we have designed because it takes time. It's being done on the extra time and loving service of members independently of any kind of group that's being paid to do it, and it's really something worth seeing.

Well, let me start off again with the environment and tell you that when I wrote here the concepts of why environment is so important, the concept of the setting, of course, is important, the location where we have these experiences. And unfortunately—I guess it's fortunate in a certain sense, but I cannot go to all of them. I can only make one a year, and I help Jim train other people to do it because I'm a full-time guidance counselor in a high school and that's where my duties are. But, anyway, we take the room, whatever it might be, and we take the nursery, the young people to the 2-year-olds and we build a whole environment around them. And these little children from we call them from zero to 2, what they do is live in this nursery place where they have all of the things that they need to see because little

children take—you know, education and learning is caught more than it's really taught, and so they bring all these things in to them through the colors and the objects that they see before them and, of course, through the loving care they receive from the people that are present to them.

And then we take the 3 to 5 and we give the environment of the world around us, the nature, and I described the sunflower to you and, of course, we have the butterfly and we bring in real trees from the outside and we use these. We have then in the 6 to 8 we have the awareness of the universe and we're building on the solar system. We have a plan in mind that we will actually have the solar system that will be collapsible right there in the room so for the time being we use art forms out of felt that will bring these into execution. And then the 9 to 11 and this is the Star Trek because the 9 to 11 is the age of adventure and we capitalize on that particular thing. You see the screen back here, now, the screen back here can serve several things. We have film that we show and the students can sit around here—the students—the children can sit here and see the pictures at the same time that we're talking, or we can use it for other graphic means. If one of the facilitators wants to write something it can be projected on the screen. And the youngsters are excited because they take trips on Star Trek to all kinds of other areas. They learn communication skills, and we even bring the little ones in. When we bring the 3- to 5-year-olds in to visit Star Trek and sit down, we take a trip away from the Earth and we have all the sound that goes with it. And when we come back to Earth, we tell them isn't it wonderful to be back at Earth where you have mother and father and they love you and care for you. Earth is a beautiful place and you have something to do in contributing to it. So this Star Trek is great. It's really—it's the most—I guess the largest of our environment so far.

Then we move on to the 12 to 14 and then the 15 on up. And, of course, we know the 12 to 14 is the age of revolution and we have some environments that we use for them. All of them are makeshift at this point, but it would be the upside-down world that we have in our mind how we're going to do it. The whole form is going to be turned upside-down by means of felt objects. And then finally, of course, the senior age which is the age of choices. So my whole thing is to say to you that this program is essentially very carefully and very detailed in the planning and in the execution because we know that everything contributes to the unity of the wholeness of the person and the family and it has worked.

I've brought here a little button, and I can pass these out to you. These are made when the families enter. They have on them: "The family as the basic prevention unit, ask me about this." This is what we put on here, but these are not written on, and each family member, each individual member takes one of these buttons and creates their own particular image. I wish we had more to pass out to you but we don't. They create something that is significant to them and they put it on there, and then people come up to them during the particular experience and say: "What am I to ask you about," and it's something that identifies themselves.

Finally, I think I'm skipping a lot and I don't want to take too much time. I want to tell you that in the child unit, in the 3 to 5 which

is so important, it's very dear to my heart—all of them are—but that is the age of learning. We basically take the skills of Dr. John Narcisco and we put them in the theme of the child, I see me and then I see us, I see myself as sharing. So it's see me, share me, and then it's celebrate us. That's the concept out of which we work because this time and people and everything is so important that we should not let one moment go that we don't celebrate in life. And I would like to end my testimony by saying that inside here you will find the concepts that I've been telling you about. You may want to read them. And I really think, Jim, I'm sure you would say it's OK, I would ask you if you ever get a chance, bring your families, bring anyone that you have and let them go through the experience. You would love it. And all the Suzys and all the Marys and all the Josephs and Freds and all the Dicks that we bring through these experiences come away such finer people and potentially better mothers and fathers.

And as one author said so beautifully, I think:

> We can be together and not meet. We can live in the same house day after day, sit at the same table, kneel at the same pew, read the same books but never meet. We can kiss, gestures of love, apparent tenderness, but never meet. A meeting is a strange and wonderful thing. Presence one person to another, present one to another, life flowing one to another.

And that's the words of a man who works with retardates, adult retardates, and he puts that philosophy into effect. And our family experience, the one that Jim has created and sponsored, really puts this into effect. So thank you for letting us come and testify. We appreciate this.

Senator HATHAWAY. Thank you very much.

Mr. KAZEN. We're describing a 4-day residential retreat training experience for an entire family. We began by trying to involve as many families as we could through the schools, through the teams we had already trained through our Office of Education grants. We realized very early that we weren't going to reach the number of families that we wanted to that way so we began to train families to go out and train other families in how to cope with all these things we're outlining, and Dr. Seamons is going to very briefly give us some of the ideas that were implemented by his group and his family after he left this experience.

Mr. SEAMONS. I appreciate the opportunity of sharing a few moments with you gentlemen this afternoon.

It was in the summer of 1973 when, through the Office of Education, five of us from the Provo-Orem area had an opportunity to go down to San Antonio, Tex., to participate in an experience for a drug abuse and prevention workshop. During this training experience, we were gaining skills to assist ourselves in going back to help communities help themselves, which was the motto of our program.

After 10 days of a very enriching and a very taxing experience, our team had developed what we call an action plan that we were responsible going back into our communities to implement in, hopefully, attacking these problems that we were experiencing in our particular communities. These action plans were tailor-made for the specific problems that we have in Provo and Orem. And as we went back and started to do these kinds of things, it became very apparent to us that we were only attacking the outsides of the problems. We were

working with schools. We were working with some parents. We were working in mental health centers and these kinds of things, but we were really lacking in attacking the major source of the problem or at least the source of which we thought would have more impact on drug and alcohol and many other problems and that was that of the family.

So it wasn't long that we soon developed as a team, then, the idea that the family is really the basic prevention unit, not the school, not the church. All of these are excellent assistants to the family but, really, the family had to be the primary area or target of interest and focus for the kinds of things that we were going to do.

It was then my pleasure to participate with my family in the first experience of this type that was described by Jim and Sister Katie which was held in the Homestead. And, like I say, this was the first time that we were aware of in the country where we had an opportunity as a family, my five children, to go up and spend 4 days in the Homestead. And during that time we had a chance to be exposed to many of the kinds of concepts that Sister Katie was sharing here. My young children would go into these experiences, and as we would meet together as a family that afternoon, these would be smiles and bubbles on their faces just waiting to tell mom and dad what they had learned that morning. And, believe it or not, even mom and dad had smiles on their faces bubbling to tell the kids what we had learned because we started to learn some kinds of skills that were really going to assist us as a family in really moving on to greater heights as a family unit.

And so this exposure to this particular program was of tremendous benefit to us. And we weren't necessarily what we would classify a family in trouble or a family in need, and this program isn't designed just for those kinds of people. It's a preventative tool. We find that there are a lot of different kinds of prevention in this program. I'm a psychologist and work down at Timp Mental Health Center in Provo and, as such, we find in our particular center a lot of the kinds of people come in to our center that have developed problems that have been ongoing for a long time. Finally they are so debilitating that they are now faced with the realities of having to some for some kind of professional assistance. Many of the testimonies and many which will still come will be representative of those kinds of programs which are important, but somewhere along the line we've got to attack these problems prior to them getting to that monumental area.

I think as we look at the families and we look at family training that, hopefully, the kind of program that we had an opportunity to go through as a family will be one of those that will be these first lines of defense, to take families that really are functioning and to teach them additional skills in a preventative kind of a mechanism in hopes that many of the problems that we've heard testimony about this morning could be warded off. And I think it's this kind of an aim that we need to look at.

As a psychologist, I get very concerned about the role of the family in our society today. As testimony has indicated, and it would be only repetitive, the family has certainly been under attack, to say the least. We find that the family which used to be the center of our society somehow has drifted from that to a small degree, and in some areas, of course, is not recognized at all. And I think it's one of our respon-

sibilities, not only as Senators and Congressmen, but also as citizens of the United States to look very carefully at what we have allowed to happen to our families and to the family unit. And I'm in hopes that we as a country can somehow come back to the concept that the family is the basic unit in our society, and, as such, to provide those kinds of programs that will fund and also magnify these skills in families to, hopefully, ward off some of these kinds of problems.

I think the kind of thing that Sister Katie is experiencing here has been of tremendous benefit to our family. For instance, my wife, when I came back from that initial 10-day experience in San Antonio, had realized there had been a number of changes that had occurred in my life but somehow I couldn't express all those to her. I've gone through some kind of a little change inside myself, and it wasn't until Anne had an opportunity to join me along with the children that the family finally realized that there was a new lifestyle so to speak or a new way of communicating or a new way of making decisions, a new way of a family getting together and trying to discuss those problem areas and strengths that are existing in that unit and providing that kind of mechanism we found to be most, most important.

Since coming back from this experience, we've attempted in our mental health center to try some kinds of programs similar to this in hope that the rippling effect that Jim was talking about could occur in our area, and to a small degree it has. We find families are starting to congregate together and discuss things and using each other as resources so that we have kind of a community now that have gone through a very common kind of an experience who can rely upon one another. And I think this is really where we need to head.

I also have an opportunity as well as working at a mental health center to serve along with the Division of Alcohol and Drugs and working with them, and also as chairman of the board of the Utah County Council on Drug Abuse Prevention, which is an organization in our area that's trying to head off the very things we've been discussing here this morning. And as all of us have been putting our heads together for the last year or two, we all come up with the same answer and that is until we focus our efforts on trying to attack that family and provide those skills necessary for survival in a very troubled society, that we're really spinning our wheels. So I propose, gentlemen, that we look very carefully in our country right now at the families and try to put that strengthening bond back into that unit, and I think an excellent way to provide these kinds of things is the very program that our family had a chance to go through and experience.

Also, since that time I've had many opportunities to conduct these kinds of training centers—or training experiences throughout the country and give workshops and these kinds of experiences, and everyone clamors every time you see the title "The Family as a Basic Prevention Unit" on any kind of a brochure at all. So I think people are in need of these kinds of services. They're in need of these kinds of programs. And I think with the Office of Education concept as Dr. Nowlis has set out, these regional training centers are in an excellent position because to do these kinds of things you need specialized staff. And I think in funding these kinds of programs, the regional training center such as the one in San Antonio would offer, I think, a very viable option and alternative in terms of something that we can do.

I think the time of talking is nice, but I think the time of action is here. And it's my hope that as you as a Senate subcommittee sit down and talk about a most complex problem, that special consideration be given to the types of programs that we're suggesting to you here this morning for I think it's through programs such as this that the problem of young and old can be dealt with in such a way that families can become more independent and interdependent upon one another rather than being so dependent upon social service programs which we have a tendency to foster today in our society.

Mr. KAZEN. Thank you. I'd like to conclude by saying we've tried in a very short time to summarize an experience and a prevention model that is very creative and has impact not only to the families that go through, but to the families that they touch. I get 400 requests in here every month just about for this kind of an experience, and I can't provide that. We've only been able to do it two or three times. We don't have the funds to do it and we're not designed to do it.

It's hard to compare costs, but I'd like to just draw one to your attention. When you deliberate on what positive things the committee can recommend, the cost for one of these experiences for 30 families, 100 children, 20 high school students that we train as part of the experience to become youth facilitators is equal roughly in cost to one child going through the criminal justice system on a drug charge or one child in 3 months of treatment in a treatment center. So we're talking about prevention, and we're talking about a very little bit of cost. I quote an ad that we see on TV for auto preventive maintenance: "We can pay a little bit now or a lot more later on."

The family is the basic prevention unit or, in most cases, can become one with a little bit of assistance. This is our brief testimony today. I propose this family experience not as the answer but one answer. It is effective. I wish I could expand it and prove its effectiveness for a larger number of families. I wish the majority of families could provide children with a safe, secure environment and the means to make the positive decisions about their life. That is my wish and I believe we are never given a wish without also being given the power to make it true. You and I, however, may have to work for it. Thank you.

Senator HATHAWAY. Thank you very much. David, could you tell me something that you learned as a parent when you went through the 4 days, something you didn't realize before?

Mr. SEAMONS. You bet. I think a number of things we are taught from our parents that are important and we fail to realize until we suddenly have children of our own and we're set in a new environment as the parent. I learned, for instance, that many of the things that I was requesting of my children were really not clear to them. This idea of communication Sister Katie alluded to is more important than sometimes we give it credit. I would ask my children to do things like, well, all I'd really like—for instance, Father's Day was yesterday. You gentlemen, undoubtedly, were traveling and didn't have a chance to celebrate that. But my children often asked me what I would like for special occasions, and my response would come across: "Well, really what I'd like you to be is a good boy." And my sons have a very difficult time interpreting what "a good boy" means. For them sometimes it's pleasing me by a hug in the morning; other times it's by presenting me with challenges by which I can grow; other times it's out playing baseball on the lawn.

We learned rather than using these kinds of statements that if, in fact, I would like something of my children, that I actually tell them what it is I would like. "Todd, what I would really like from you is to be able to spend 5 minutes every day with you one-on-one type of an experience." That, to me, is what I was considering to be a good boy. Or, "Todd, what I would like you to do is to make your bed in the morning so that when we come up to breakfast our home has some cleanliness to it prior to the time that we disseminate to our different things." So a communication style that was not only common to me and also my wife but also my children, so all of a sudden we were talking with similar kinds of terms rather than jargonees sometimes we get hung up in our particular profession that is not understandable to hardly anyone.

Another couple of areas we looked at is the importance of values and how value systems are established, and our family had a chance to start looking at some of its values which we had done before, but it gave us an intense opportunity to study what was important in our lives. I remember the first night we made a little family crest out of twigs and wood and things like that that represented symbolically the things we stood for as a family. And although we think about that and we assume that everybody knows and all the family's coming from the same place, it was interesting to see as each child had an opportunity to contribute to that what they felt about the family and what the family was all about. So, really, the experience was just the genesis of many things which have happened now that we are at home.

We still talk about that experience, and it was a couple of years ago. The children still say, "Hey, Dad, I really don't know what you mean when you say did you want me to be more considerate. Dad, I've got a real big decision to make right now; let's sit down and talk about it." And these kinds of things now have entered into our home to a greater degree which, to me, as a father, which is more important than a professional or anything else, has been of tremendous and long-lasting benefit, and I see this kind of a spinoff as a tremendous gain not only for me but others who had the same privilege.

Senator HATHAWAY. Thank you, David.

Senator HATCH. Thank you. I want to compliment you for your enthusiasm. You're what I consider to be a very effective guidance counselor with these young people. And I want to compliment you people for being ahead of the game and really having some of these concepts that really, I think, we're trying to explore and bring out at this particular time. How important it is. I think this whole hearing today has been very enlightening to me and everybody. I've had a lot of media people tell me they hadn't heard about some of these things. And some of the public have mentioned that it's wonderful to have some emphasis on the family, and I think you people have been working on it for what, 4 years now in this area, and I want to compliment you for it.

Sister BROMDON. Senator, excuse me. May I add one thing that I don't think we tuned in on and that was the woman is given a great deal of time in these workshops, and she's looked at as a person and as a mother and, of course, as a wife. And I think so often—I should have said more about it—and in her working with the children she really is the one that spends more time with them. She's given tremen-

dous skills in learning how to cope with that situation, and I don't want her forgotten.

Mr. KAZEN. We could also mention we're defining family however the family defines it. We've had a lot of single parent families in, and all kinds of ways of defining it.

Senator HATHAWAY. Jim, do you have an evaluation of your program as it affects alcoholism?

Mr. KAZEN. Well, we do from the families themselves. We don't have an evaluation piece that goes with it. We just have what the families actually say themselves about what happens. We know some families that have gone through the experience that have had very bad problems with drugs and alcohol, and I wish we had those families here to talk about it. But we don't have a formal evaluation piece that is able to evaluate it. We're really right now more dealing with families that are able to go back and repeat the experience as counselors in high schools. In other words, they go back to a community and then in that community they put on one of these experiences building their own forms. They get that training and so it becomes an ongoing effort of that school. That is the exciting part of it. It's not dependent on us or anyone else. It's carried out by the community.

Senator HATHAWAY. Do you keep case histories?

Mr. KAZEN. We don't ourselves because we're not involved with treatment. This is not of record, but I used to think that most families were OK and then I got married. I think we all can use the kind of skills we're talking about. It really enriches family life.

Senator HATHAWAY. Thank you very much. The next witness will be Sgt. Don Harmon, sheriff's office, Salt Lake County, Utah.

STATEMENT OF SGT. DON HARMAN, SHERIFF'S OFFICE, SALT LAKE COUNTY, UTAH

Sergeant HARMON. It's a real pleasure to testify before this committee. I'd also like to play a recording of a statement that I've taken of a 13-year-old boy in a domestic situation that occurred just about 10 days ago.

In keeping with the topic of these hearings, I would like to address my comments toward two areas of concern, and one area directed to alleviating some of these problems concerning the activities of those people who engage in the use of alcohol and/or drugs.

The first discussed will be general problems and principles dealing with the cause and effect in regards to alcohol, law enforcement, and its relationship to the family circle. The second, effects of alcohol, youth, and their relationship with law enforcement. And third, alleviation of problems through the discerning of activities by the community model approach and the family as a preventative unit.

I believe that of all the areas that are of concern to law enforcement, most paramount, and the one which creates the greatest problem for law enforcement, is the use and the involvement of alcohol and drugs. I believe that there is no one societal condition that creates a greater problem for law enforcement than the use of alcohol or drugs. Although at this time, I would like to state that I believe that the societal conditions that create the use of alcohol and drugs must be overcome before we can do anything about drugs and alcohol themselves.

In law enforcement, we see every day the dramatic effects that drugs and alcohol have on the family; from the car accidents that end up killing and maiming hundreds in this State every year, to the broken homes and neglected children, the alienated youth, the divorces, and other domestic problems that result from drugs and alcohol abuse.

There hasn't been a single 8-hour shift that myself or my men are not involved with a person who is under the influence of alcohol. It has become so predictable that we can readily anticipate according to the day of the week what type of alcohol problems we will be dealing with. Friday and Saturday nights are fight nights at the bar. Saturday and Sunday, domestic problems. Every holiday brings on a new upsurge of problems created by the use of alcohol and drugs.

One thing is becoming more apparent every year; not only is the use of alcohol and drugs increasing, but also the violence associated with its use.

Last week two of my deputies and myself responded to a domestic situation; a condition where the wife came home from work, was met at the door by her husband, an alcoholic, who informed her that he was going to kill himself and was going to kill her if she didn't leave. She immediately left the area, going to a neighbor's, where she called our office.

During the interim of time that she left and the time that we arrived, the individual, who had been in a state of intoxication for 3 days, sat at the kitchen table, firing one shot through the roof and two shots out the front door of his housetrailer, which ran parallel to the street in the trailer park. During this time, unknown to him, three small children were riding tricycles on the street. These three children narrowly escaped being hit by the bullets fired from within the housetrailer. Upon arrival, my deputies and I were met at the front door by the gunman, wielding a new .22 caliber pistol purchased that day. Facing the gunman, with guns pointed at each other, the man surrendered and went back inside the housetrailer. During the hour-and-a-half talking with the now would be gunman, who, in a state of psychosis from the effects of alcohol, armed himself with a knife. Disarming him again, another attempt would be made to talk to him. He would now grab a pencil or some other item and attempt to use it as a weapon.

I'd like to state at that time the individual weighed about 240 pounds, was six foot two inches and was a truckdriver, and there were three of us and we still didn't want to start something because we knew that someone was going to get hurt.

After talking by telephone to personnel at the veteran's hospital, arrangements were made to have the subject of our attention transported there. After having talked with our assailant fruitlessly for over an hour-and-a-half, we transported him to the Salt Lake County Jail; afterwards he was placed in the veteran's hospital.

This type of circumstance is an every day occurrence with law enforcement created from the effects of alcohol. In my office that evening, I was contacted by the gunman's mother, who stated that her husband had died at the age of 38 from a liver condition created from the use of alcohol. She was now going through the same living hell. She was begging for any type of information or new hope to now reach her son. This is an every day occurrence that is seen by law enforcement in relationship to alcohol and the family.

The second condition on which I will speak concerns the effect of alcohol and youth in their relationship with law enforcement. This time we run into two distinct problems; one being a problem where the youth is using alcohol and the parents are upset and become alienated. The other, where the parents are using alcohol and the youth are upset and they become alienated. I do not believe there is any greater threat that concerned parents have than the fear that their children will end up using drugs. Sometimes it is even hard to convince them that alcohol itself's a drug. Most parents with whom we come in contact have a deathly fear when they find their children have been using or associating with individuals who have been using marijuana. However, they do not have this same fear when they find that their children use alcohol.

The other area of concern for law enforcement is the relationship that the youth have with their parents when one or more of the parents are using alcohol and it is interfering with the family life structure. Probably there is nothing more sad to a law enforcement officer than responding to a circumstance and finding neglected children, or children who are developing emotional problems from conditions that are being created by parents who are using alcohol.

In the past week, myself and another deputy responded to a domestic problem where a report came in of a husband beating on a wife. Upon our arrival, we found the mother with a black eye and apparent signs that she had been assaulted. Speaking with the mother, her concern was not for the assault; her concern was for her 13-year-old son, Joseph, who was threatening to run away. The sad part of this circumstance is that no action had been taken by the family to deal with this situation sooner. She had taken the assaults in stride; but when it finally came down to her child leaving, her concern was finally expressed and we were involved.

After talking with both parents and to the 13-year-old son, the boy told us that he was sick and tired of his parents fighting and drinking. At this time, I asked him what was creating the fighting and the arguing. He responded by saying: "The drinking." He told me that his sister and his brothers had warned the family about drinking. Finally this 13-year-old boy, the last of the children at home, told them: "I can't stand it any longer. I'm leaving. I can't stand the fighting and the hassle." Joseph told us how nervous it made him, and that he had even considered suicide.

I had Joseph go to my car where I taped a statement from him in regards to the problems that were created by the use of alcohol in the home. I'd like to play this statement for you. At the time, I was thinking about some things to talk about and how it really affects the youth because I think those of us in law enforcement have overlooked a lot of the problems in the response to a lot of these domestic type situations. We take care of the domestic situation and separate it. We completely—have not become involved with the effect it has on those youth. And at this time it was really focused and I had a chance to hear someone tell me just exactly what was happening, and so I taped the statement. When I got him in the car, he said, "I'd rather you call me Tommy because my dad's name is Joseph and I call me Tommy," so I have Tommy and Joseph in the same one.

QUESTION. Tommy, would you proceed to tell me some of the things that we talked about that occur when your father drinks at the house?

ANSWER. Well, I just don't know how to say it, but every time he gets a can of beer and he starts drinking, he goes kind of cuckoo, and once he gets that, he starts getting mad and all this. And I told him a long time ago, but he doesn't listen and keep on drinking, keeps on drinking.

So, now today, all this happening, and I'm getting sick and tired of seeing my parents start fighting, arguing, and this. My brother, Greg, told them the same thing, to stop arguing. My sister, Rose, has told them: my sister, Angie, told them. Everyone of us told them. And now me, I'm telling them right now for them to quit drinking. My mom won't—she only had one beer. My dad, once he gets one beer, swallows that just like water. And when he drinks that beer, he goes for another, drinks that and drinks that, and drinks that. He keeps drinking it, and gosh, seems like he's never gonna stop. Keeps drinking and keeps drinking until he gets enough and right there he sobers down. And I'm getting sick and tired of seeing my parents arguing, arguing, arguing. And I told my mom if they keep arguing, I'm running away. That's when she went and called you guys at the gas station.

QUESTION. That was today?

ANSWER. Yeah.

QUESTION. That's a real shame and like I told you, before you run away, Tommy, we have some places that maybe we can help you out, such as youth services, and I've explained to you. You were telling me a little earlier how nervous it makes you. Why don't you tell me again just what effect it has on you.

ANSWER. Well, see, my mom raised me up when I was just a little tiny baby. When I was a tiny baby, I was so sick. I had a cleft palate and I was so sick and my mom—the doctor told my mom when she got out of the hospital to leave me there, cause I was gonna die anyway. My mom say, "Naw, I better take him home, I'm gonna take him home, I'm gonna take him home."

So they took me home, my mom raised me up and I was OK and I was going along good. But when I get nervous, man, nobody controls me. I have to run away, go somewhere, real far. Long as I can get away from the traffic. I don't care how far; about half a block, half a mile, like that. I travel halfway down to my probation officer to the park, across the street from the Taco Time. Travel over there and I just sit there thinking; when is my dad ever gonna stop drinking—how wonderful. It's bad to see my dad drinking. It's bad to see my mom argue and my dad. And boy, it really hits me right then. And I told my mom, she keeps drinking and it keeps on getting like that, fighting and arguing and getting on my nerves, and one of these days I'm gonna hit a car straight on. I hit—I ran into a car once straight on and hit the back of the car.

QUESTION. You just walking or on your bicycle?

ANSWER. No, I was riding on it.

QUESTION. Riding on your bicycle?

ANSWER. And I hit the back of a car and I went over the whole car and landed in the middle of the street.

QUESTION. Did you do it deliberately?

ANSWER. No, I did it on purpose.

QUESTION. That's what I meant; you didn't care.

ANSWER. I wanted to have a little fun. I went over the car. I didn't hurt myself—landed on the cement. I got up, got on my bike, and took off again and that's where I noticed my front wheel was kinda bent. It was on a different bike, and then I got this one. If I don't control myself, get too nervous, one of these days I'm gonna be in the cemetery.

QUESTION. I don't want to see that happen to you, Tom. I think you're a real nice kid. I really think you are. I'm really glad I got to meet you today.

ANSWER. And one of these days—I told my mom—just keep on arguing, you ain't gonna find me around the house no more. I know a kid named—one day I was in Riley Elementary with my teacher named—Mrs. A—I forgot her name. She come in and says Steven died, hung himself over his parents, and he died.

QUESTION. That's really terrible.

ANSWER. And if he can do it, I know I can do it, too. And he was playing on top of the house on a lasso, caught the rope, put it around his neck and "shoo-shoo," fell down and broke his neck. And this one—if I ever happen to die, I want to die in my sleep.

QUESTION. Well, I don't want to see you die for a long, long time, so we want to help you when we can.

This conversation will end at this time.

Sergeant HARMON. The thing that really stood out with that conversation is the fact when he said, "If Steven can do it, I can do it, too." And at that time I could see that there was really an effect on this boy from what was going on in the family since we have referred.

The final topic of discussion concerns the alleviation of problems through the discerning of activities by the community model approach and the family as a preventative unit.

In 1972, six individuals from the Salt Lake area and myself were afforded the opportunity to receive training at the U.S. Office of Education and Research Center, San Antonio, Tex., Region Seven. It was at this time that I first became involved in the community model approach and the results that could be achieved from working with a group of people after developing a team concept. At this time the funding emphasis was directed to helping communities help themselves. The team that represented the Salt Lake County area consisted of individuals from the following areas: Dave Bennett from Salt Lake Drug and Alcohol Program; Beth James, People's Free Way; Cleo Swanner, Salt Lake Mental Health; Richard Simmons, Salt Lake County Detox Center; Kit Ennis, Salt Lake County Detention Center; Ralph Tolman, Salt Lake County Sheriff's Office; and myself, Sergeant Harmon, Salt Lake County Sheriff's Office Narcotics Division.

Five years later this same group interacting with each other are still in the process of helping people in the community of Salt Lake County. If any long-range solutions are to be applied, they must come from the community model approach and from the family as a basic prevention unit.

It seems that every community goes through a growing process before it finally faces the reality of the problem. It seems to start off with apathy. We all see this in all of our communities and in particular all of our families. The apathy is happening someplace else; it's not happening with us. Then we have growing concern, and this is usually when the neighbor's boy or one of your boy's or daughter's friends is arrested for drunk driving or arrested for possession of marijuana, then all of a sudden there's growing concern.

Then the direct confrontation when it strikes at home when you find marijuana or you find your son or your daughter with alcohol. Then alarm, shock, and panic. Where did we go wrong as parents? Look what you're doing to us. And then we start looking for quick and simple solutions, anything to solve the problem, just reaching out. Then we go to the treatment focus. We say they must all be sick; let's treat them all. Then it seems like we go to the prevention focus, and then we get down to the long-term solutions which is the community model approach where all of these forms are applied together in the community.

The community model approach is where people interact with each other on a personal name basis each with defined objectives, working to reach a common objective of helping people in the community.

During the past 4 years, I have had the opportunity of working with the State division of drugs and alcohol, and also the U.S. Office of Education, helping other communities develop programs to find solutions to their own problems in their communities. The community is

the area where the solutions can be formed; so then must the community also be the focus of change to alleviate the conditions that are precipitating alcohol and drug abuse programs.

The family unit—the foundation of the community—must be considered as the focal point for reducing the use of drugs and alcohol.

I would like to thank this commission for its sincere interest in looking for solutions to alleviate the problems and conditions that are created from alcohol and drugs. Thank you very much.

Senator HATHAWAY. Thank you.

Senator HATCH. We sure appreciate your coming, and we know you've had extensive experience in this area. Do you think we're making any headway here with some of the problems we have in both drug and alcohol abuse?

Sergeant HARMON. I think we're well beyond the apathy stage, and I think we've gone beyond the direct confrontation. I think we're starting to get into the community model approach. I know we are in Salt Lake County where all of the areas, education, prevention, rehabilitation, treatment, law enforcement are starting to work together to reach common objectives. Rather than each one of us going separate directions, we're starting to work together in this area.

Senator HATCH. Well, we sure appreciate your being here, and we appreciate the excellent work that you do. I don't think too many people really realize the great work that is done by our law enforcement officials in this area. Sometime it's a job without too much praise or consideration, but we appreciate you appearing here today and your concise testimony.

Sergeant HARMON. Thank you, Senator Hatch.

Senator HATHAWAY. The next witness is Dr. Gary Jorgensen, coordinator, Alcohol and Drug Abuse Clinic, University of Utah College of Medicine. Nice to have you with us, Doctor.

STATEMENT OF DR. GARY Q. JORGENSEN, COORDINATOR, ALCOHOL AND DRUG ABUSE CLINIC, UNIVERSITY OF UTAH COLLEGE OF MEDICINE

Dr. JORGENSEN. Thank you, Senator Hathaway and Senator Hatch, it's my pleasure to be here.

Approximately 15 years ago I started in this field, and over the years have learned two or three things and that is that we ofttimes forget the things that we knew were working well way back when. A lesson really came home to me clearly when at the clinic I had a young man come in to me who told me about the things he was doing in terms of alcohol and drug abuse, and when he got halfway done he says, "I know you and you know me." And I looked at him very closely and I said, "I'm not sure that I do know you. I think I do, maybe, but I don't remember you." "Well," he says, "you know my old man," and he says, "I'm just like my old man." And I looked at him then and I realized that he was the son of a father whom I had considered that I had successfully treated. And then I knew that the problem was rampant, and that successfully treating alcoholics was not really the answer. And I learned from him—and he says, "When I get in trouble, I do exactly what my old man does." And that phrase has run through my mind a thousand times in a hundred different ways since that time.

I found that what we were doing is we were repeating the nightmare with sons and daughters of alcoholics, and the statistics by H. David Archibald from the Canadian Addiction Research Foundation took on greater meaning. I'd like to repeat those for the committee, and they don't have to do with alcohol because we know that with alcoholics a son or daughter of an alcoholic has about a 1 in 4 or 1 in 3 chance of becoming an alcoholic himself or a drug abuser himself, so I just like to talk about minor tranquilizers.

When a mother uses minor tranquilizers every day, she is twice as likely to have children who use marihuana and LSD than a mother who doesn't use tranquilizers. She's three times as likely to have children who use glue and solvents, four times as likely to have children who use opiates, speed, other stimulants, hallucinogens; five times as likely to have children who use barbiturates; and eight times as likely to have children who use tranquilizers. So in looking at a drug treatment prevention approach, you cannot deny the effect of the drug, and I think when we do deny that, we make a terrible mistake. So I think that the use of chemical substances doesn't mean the person is going to have the problem, but I think it does point to the fact that we have a serious problem.

Now, we have to ask ourselves how does the problem take place or how does it come about? And I really think it comes from a social learning approach that you've heard from these other gentlemen and other members of the committee. I think that, in part, it comes from that people may, in fact, have the problem due to a genetic basis, but that research that supports that is extremely poor and is not well-founded at this time. What it does support is that what happens is that people learn patterns of behavior and they learn them in the home. They learn them at a nonverbal, at a perceptual level. And what happens is that they tend to repeat that pattern when they have no other coping mechanisms. And that's what we find at the clinic and that's what we find throughout the whole drug and alcohol treatment picture.

Dr. Ruth Fox has suggested that there is probably no marriage with an alcoholic that can be considered a happy one. There are periods of relative harmony, but there is such a basic inadequacy with either one or more people in the marriage that the human relationships and the fact that we have mutual trust and ability to share are absent. I think this is important because I think lots of our treatment programs assume that you can have a basic trust, and I think there's lots of prevention programs that assume there is basic trust when there is none at all.

I think that we have to look at what happens when a person becomes—of what the family goes through in terms of the process. Early in the process the family responds much like it does in the community model. He becomes remorseful. He has shame, and he has a plea for shame and everyone rushes to his rescue. At this point in time we relieve him of his anxiety and his guilt for drinking, though we perpetuate the problem. And I think that's true of other problems as well so the problem is perpetuated.

Wives say, "I have another child; I don't have an alcoholic." And she happens to ofttimes enjoy her plight at a nonverbal level. She enters into the process of becoming a martyr and she tends to deny like

everyone else does, and denial is the first defense—line of defense in alcoholism. This denial is for good reason. If you have a young boy who's in a family, he'll deny as long as he can until he gets to the one like Sergeant Harmon's young man does, until he has to recognize the problem. He'll deny to protect his self-esteem and the family's self-esteem, but eventually he'll give up that denial and he'll go into a terrible form of disruptive behavior either on his part or the family's part so we see the violence and the statistics on violence are very clear. At least one-half of the criminal justice system violence is associated with alcohol abuse and use. And so violence erupts and we see that the family then erects a pattern of violence and they become impotent to deal with that pattern.

The question is what can be done, and that's what I'd like to address my remarks to now. I think there are three levels of prevention that have to take place, and to deny any one of those levels is to deny that you have a problem. No. 1, you must treat alcoholics as a first line of prevention, and the reason you have to do that is because if you perpetuate the 1 in 4 children becoming alcoholics themselves, you perpetuate the problem as has been done on many Indian reservations where the statistic is as high as 50 to 75 percent of the adult population are alcoholics. That's because there's been no important intervention done at either the prevention or the treatment level. So the first level of prevention had to be treatment, and you have to support existing treatment programs.

I think one of the problems that people see is that treatment doesn't pay off very well and so we go to a second level of prevention. I think that has to come through agencies that can do that. I think one of our problems in this field is that we've given inaccurate information. We've talked to people and not dealt with the primary defense that alcoholics and nonalcoholics alike have which is denial. And I think we have not recognized what happens at that level.

A third level is the prevention and education level or the community model level. It is expensive, but it is not as expensive as treating the basic family problems. We must have programs much like the one that Dr. David Seamons talked about. We must have programs much like the one that Mr. Bernie Boswell and Mr. Doug Dinsmore have talked about and that's the cottage program where you impact the family in the home rather than try to find it. The difficulty in prevention is finding the people and getting the people to the preventions programs. You can get functional families into the programs. The nonfunctional families have difficulty even getting there because they're so afraid of social agencies.

I think that the schools are an important part, but I think they break down because it's impossible for schools to accurately respect the value systems in homes with a variety of people doing a variety of things. I think we must quit the frantic—and teach people to quit the frantic attempts to leave the home, and we must quit degrading the role of the mother as a housewife, and I think any one of the prevention approaches is important in that regard.

All in all, the key problem is that we must teach people to build self-esteem, whether that comes in the family, a treatment program or in the school. And if we don't do that, we'll have difficulty in impacting the drug problem.

That's the end of my formal statement. I'll answer any questions that you might have.

Senator HATHAWAY. You're conducting a clinic at the university?

Dr. JORGENSEN. Yes. Have done that for approximately 10 years.

Senator HATHAWAY. It's a treatment clinic?

Dr. JORGENSEN. It's a treatment clinic. It has three phases. It treats people—we treat primarily the family in the form of treating the marriage partners. We find that if we treat marriage partners that we can often, you know, solve a lot of the family problems. We treat families as well. Ofttimes our people are single. In addition, we have an educational process that goes on in order to help people get into the treatment program as well, so we have the research, treatment, and educational focus at that clinic.

Senator HATHAWAY. What about occupational programs, are you familiar with those? I think Kennecott Copper has one here.

Dr. JORGENSEN. Yes. Kennecott Copper has an excellent occupational program. We take their referrals. We don't have an occupational program of our own. The State division has an occupational program and we take referrals from them, but we don't get out to the industries, only on an as-need basis and deal with management and labor on an as-need basis.

Senator HATCH. Doctor, at the present time the National Institute on Alcoholism and Alcohol Abuse has no real family program or emphasis on the family. Do you think it would be beneficial that this agency of Government be directed to give equal importance to the needs of the family including children as it does to the alcoholics themselves?

Dr. JORGENSEN. I think so, as one of the levels of prevention. I think if they deny that, deny themselves the opportunity of really doing any prevention. I think that you have to have treatment, you have to have education, but if you don't impact the family and allow the family to clarify their own value system around alcohol and drug abuse that you'll fail miserably because I think that's where people learn, they basically learn. And by the time they get to the schools, they've learned the things that they're going to do in their life. Their patterns are really pretty definitely set. So I think to impact the schools and to impact social agencies is rather foolish because I don't think you'll have any impact at all. I think you have to impact that family system.

Senator HATCH. We seem to be learning today that really part of the basic and ultimately successful treatment of alcoholism consists of really working with the family.

Dr. JORGENSEN. It really does.

Senator HATCH. Because there are a lot of interactions, a lot of personality difficulties, maybe even sometimes bordering on disorder or emotional illness, if not just distress, that really need to be alleviated before we can help the alcoholic.

Dr. JORGENSEN. We really do. The crucial problem is how do you find them. And the finding process is the process where I think the Cottage program has an excellent approach and that is that they are able to impact the system by finding the disfunctional family, the family that is almost disfunctional and making the proper referrals.

Senator HATCH. Well, we appreciate your coming very much.

Senator HATHAWAY. Thank you very much, Doctor.

Senator HATCH. At this time, Senator Hathaway, I would ask unanimous consent that Miss Gayle Judd, the third vice-president of the Utah State PTA, be part of the next panel that we call.

Senator HATHAWAY. Fine. The next panel of witnesses is Josie Balaban Couture, president and founder of the Other Victims of Alcoholism, Inc., and Bernell N. Bosnell, director, Division of Education and Prevention, Utah Alcoholism Foundation and director of the Cottage program accompanied by Barbara Elkins, Susan Young, and Kay Edgar.

Senator HATCH. And Gayle Judd, third vice-president of the Utah State PTA.

Senator HATHAWAY. Why don't you start, Josie.

STATEMENT OF JOSIE BALABAN COUTURE, PRESIDENT AND FOUNDER OF THE OTHER VICTIMS OF ALCOHOLISM, INC., ACCOMPANIED BY GAYLE JUDD, THIRD VICE PRESIDENT, UTAH STATE PTA; BERNELL N. BOSWELL, DIRECTOR, DIVISION OF EDUCATION AND PREVENTION, UTAH ALCOHOLISM FOUNDATION AND DIRECTOR OF THE COTTAGE PROGRAM; BARBARA ELKINS; SUSAN YOUNG; KAY EDGAR; AND SCOTT AINSWORTH, A PANEL

Ms. COUTURE. OK. Thank you very much. I'd like to start by reading a statement and then adding a couple of other things after, if that's all right.

Mr. Chairman, my name is Josie Balaban Couture. I'm the president and founder of the Other Victims of Alcoholism, Inc., a new, nonprofit, national organization with headquarters in New York.

The organization was founded to help draw national attention to a very neglected segment of our population—the victims of alcoholism other than the alcoholic—and to combat the domino effect of alcoholism and its impact on society.

Thank you very much for giving me this opportunity to testify at your hearings on the Impact of Alcohol and Drug Abuse on Family Life. It is most encouraging that these hearings are being held to identify and address this area of concern.

The impact of alcohol abuse and alcoholism on family life, and the extent of its domino effect on the rest of our Nation, must be established as a national priority.

It is not generally known that the vast majority of persons affected by alcohol and alcohol abuse do not have a drinking problem. These people are the victims of alcoholism other than the alcoholic.

Their roles are diversified. They may be husbands, wives, children, parents, grandparents, in-laws, employers, employees, co-workers, students, teachers, or professionals, but they all have one thing in common. Their lives are directly and adversely affected by someone else's drinking problem.

The domino effect of alchool abuse and alcoholism crosses social and economic barriers and reaches all age groups of both sexes. And I'd like to add that these people include people who are well, people with all sorts of other diseases, people who are handicapped both physically and visually handicapped and the deaf. We sometimes overlook all the kinds of people that are affected.

Its impact reaches into schools, industry, unions, insurance, hospitals, family courts, mental institutions, prisons, criminal courts, welfare agencies, government agencies, and all helping services.

For instance, the correctional system, as a system, is another victim of alcoholism. The negative impact on corrections includes high recidivism rates, exploding prison populations (these include the other victims of alcoholism—it's not just the alcoholic that's a prison inmate) overcrowding, prison tensions and security problems. Similar problems are created within all of our other systems.

I'd like to mention a couple of stories about people to clarify what I mean about the people within these systems. For instance, a man who's divorced or separated from his wife because she has a drinking problem and he decides he doesn't want to pay alimony or support because he knows she'll use it to drink, not to pay the rent, not to take care of the children, and he doesn't really know what to do. He doesn't know how to help himself in this set of circumstances. If he goes to court and says he won't pay, they give him two choices: Either pay or go to jail. Now, for the alcoholic they don't do that. They say pay, go to jail or, in many courts now they say, or go into some form of treatment. Get help. We should fix it so this man who's the other victim can get help, too. There are a couple of courts that I've found throughout the country that are informed about this issue and are providing help for this person. They are saying to him, yes, we do know what the impact of alcoholism does to your whole family situation. You don't have to pay your alimony to your wife who is drinking. You can pay it to pay the rent, to pay the phone bill, to buy the children clothes and that will count as having paid your alimony.

How can we make sure that this happens everywhere so that these people do get the information and support systems that they need?

I'd also like to mention another thing that has to do with the law. I don't know what the answers are. I'm just raising a few questions here about these people. A woman who while she was pregnant got the measles, and her doctor said she had to have an abortion. And in that particular State and at that point in time she had to get her husband's written consent before the abortion could take place. And her husband was drinking all the time and he never understood what the issue was and he wouldn't sign the paper and she couldn't get the abortion. Now, he might not have signed it even if he wasn't drinking, but that's not the point I'm making. The point is he didn't sign it, and there was no law to protect that woman and the doctor would not do the abortion because she didn't have the signature. So what the woman did was go into therapy to adjust to the idea that maybe her child would be born with some sort of physical defect. The child was born deaf. This was many years ago. The child is now in a deaf school. The woman has learned new how to teach deaf children. That's what happens in your life. The child might have been deaf anyhow. I'm not saying any of these things. But there was no need for that woman not to be able to get an abortion if her doctor said she should have one. We must protect these people. I don't know how, but I just wanted to raise some of these issues.

I also wanted to mention when we think of drunken driving we always think the person who is drunk is doing the driving and having the accident, but there's a story about a woman who wound up in a

hospital in intensive care with all the tubes inside her, and as she came out of the ether she couldn't remember what had happened that got her there, and as the ether began to wear off it began to clarify. And the last thing she could remember is that she was standing in her kitchen cooking dinner for her husband and, do you know, her 2-year-old child was sitting in his highchair. She was saying to herself: "I hope John doesn't come home drunk again tonight. If he does, I just won't be able to stand it." And John did come home drunk again that night and she wasn't able to stand it. And what she did is she ran out the door. She left the 2-year-old child in the highchair. She left the food cooking on the stove. She left a husband who was drunk roaming around the kitchen, and she got in her car and drove off down the road hysterically and, though the drunk wasn't driving, she hit a car, she hit a tree and she wound up in intensive care. I'm just trying to show that the despair and the frustration that these people suffer leads them to being the primary victims. They're not just the family members who have to be taught how to be a happy family again. These people are in total destruction.

There's one other thing I want to point out. A woman who was the mother of—these are all true stories and I have the people who told me these stories—a woman who had five children and her husband was so busy, and she said to him: "I have to have more help. I can't cope with this. I'm just going out of my mind, and I can't take care of the children, I can't take care of the house. You've got to do something." And he took her to a hospital, and they put her in the hands of a psychiatrist. Believe me, I'm not knocking psychiatrists. I'm just telling you what happened to this woman. And she was put in the hands of a man who did not know what the impact of alcoholism does to the other victims of alcoholism. He thought she was a lunatic when she began telling him what had happened to her. He thought she had gone out of her mind and he put her on tranquilizers and put her behind bars. And when she told us this story she said, "And, you know, I went in for help because I was all out of control. I couldn't function in any area of my life, and he put me on tranquilizers and that removed the remaining little bit of control that I had and I thought I would never get out from behind those bars." She did get out, but how many people are in mental institutions today because they are out of control and no one knows that it's the impact of alcoholism that's driving them around in circles, that they're not crazy, that just that area has to be addressed and they could be rehabilitated and could be functioning, whole people again.

Well, take the school system—I'm just touching on the systems—how many children and families are affected by one teacher's drinking problem? How many children and families are affected by one teacher who isn't functioning properly because of someone else's drinking problem.

Now, if we replace the word "teacher" with the words "employer, employee, doctor, nurse, social worker" et cetera, et cetera, we may begin to get some idea of the size of the problem.

The impact can also be seen in cases of child neglect and abuse, battered women, juvenile delinquents, runaways, and divorces. The repercussions are endless and the needs are enormous.

This is not a new concept. It's merely a different set of words telling the same story.

At the 1969 Senate Subcommittee Hearings on the Impact of Alcoholism it was recorded:

> Alcoholism directly affects the individual who is its victim, but it is in every sense a family and social illness. The magnitude of the problem may be seen in its involvement in family tragedies, industrial costs, highway and other accidents, crime and delinquency, and countless other human problems.

Unfortunately, it is still not generally recognized that the victims of alcoholism other than the alcoholic need information, help, and/or treatment, whether or not the alcoholic seeks help or even recognizes the existence of a drinking problem.

It is still too often assumed that the alcoholic is the only person in need of help when dealing with this family and social illness.

The Reverend Joseph Kellermann makes the following analogy:

> Most philosophies of alcoholism treatment are comparable to treating only the driver of a wrecked automobile, regardless of the condition of the other passengers in the car. Of course, that isn't what happens. If the driver of the car lives or dies, we still try to save the other occupants of the wrecked car. The same should be true if the alcoholic lives or dies. We should be concerned with the others wrecked by alcoholism.

The analogy can be continued. The other victims in the wrecked car may often be so overcome by shock that they believe that they have not been injured despite broken legs, broken arms, or internal bleeding. This denial is similar to the denial which surrounds most drinking problems.

Needless to say, we hope all alcoholics will recover, and all alcohol abusers will stop abusing alcohol. However, we have a major responsibility to draw attention to the fact that the "special needs" of the other victims of alcoholism can and must be identified and addressed regardless of whether or not the alcoholic seeks help or even recognizes the existence of a drinking problem. If families are to survive, we have to fix the people that got broken first. To tell them how to walk. You know, to tell them how to walk is nice, but if they've got broken legs, it's not going to do them a bit of good. We've got to mend their broken legs, their broken hearts, their broken minds. They've been destroyed by this impact just like the alcoholic is destroyed.

Increasing research data indicates that more than 28 million children of alcoholic parents are affected by parental alcoholism. A correlation definitely exists between child neglect and abuse, battered women, and alcohol abuse.

I do have a report from the Navy on this issue. I have it here with me and would like to know if it could be included in the records.

Senator HATHAWAY. We'll include it in the record.

[The report referred to follows:]

HISTORY OF ALCOHOL ABUSE IN CHILD ABUSE CASES REPORTED AT NRMC, (Center Complex) Long Beach, CA.

A study of the incidence of alcoholism and alcohol abuse in child abuse and neglect cases reported by the Naval Regional Medical Center, Center Complex, Long Beach, California

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HISTORY OF ALCOHOL ABUSE IN
CHILD ABUSE CASES REPORTED AT NRMC,
(CENTER COMPLEX) LONG BEACH, CA.

A study of the incidence of alcohol and alcohol abuse in child abuse & neglect cases reported by the Naval Regional Medical Center, Center Complex, Long Beach, California

This study was conducted to determine the incidence of alcoholism or alcohol abuse in child abuse cases occurring at the Naval Regional Medical Center, (Center Complex) Long Beach, Ca. The nineteen consecutive cases of suspected child maltreatment which occurred at the Center, and which were reported to civilian authorities between August 1976 and April 1977 were reviewed. While there were actually twenty-one cases of suspected child abuse reported during the study period, two cases were rejected because of inadequate histories. Both were reported by emergency room personnel directly to the police during weekend hours. Although the children did not require hospitalization the police took cognizance; however because of these family's rather transient status the parents could not be interviewed.

Origin of Cases by Service and Status:

	Active	Retired	
USN	6	1	
USMC	2	1	
USA	2	3	
USAF	3	1	
	13	6	Total Cases: 19

California has a most enlightened Child Protective law which not only protects the practitioner and institution from suit when a case is reported and actual abuse is not proven, but provides that the public defender will institute a malpractice suit on behalf of the abused child against the practitioner or institution when either failed to report apparent abuse. (1)

The Long Beach Naval Regional Medical Center is responsible for health care delivery to all active duty and retired members of all military branches who reside in Los Angeles County and Metropolitan Orange County. Most of these beneficiaries live in the civilian community and are subject to civilian law. Moreover, through various military-civilian joint agreements, active duty families residing on base are also subject to the local domestic and juvenile law. In either case it is the civilian law enforcement, child protective, and social services which have jurisdiction over child abuse cases. Therefore, the military medical facility is technically responsible only for the reporting and for medical management of the case. However, since most of these beneficiaries have some degree of social/psychological bonding to the military and since the active duty family can literally get lost in the complex, heavily populated Los Angeles Metropolitan area a staff person has been charged with supporting the troubled family throughout the complex legal and social

procedures of a child protective case. And most important the child advocacy representative is to see that the abusing or high risk family has engaged an appropriate social and/or psychological treatment modality.

Because of this complex and diverse social setting the attending physicians usually report suspected child abuse to the child advocacy officer who will make an evaluation of the case and in turn report to the appropriate civil authorities when indicated. Only those cases which occur after hours and present rather obvious signs of abuse are reported to the police directly by the emergency room. Elective hospital admission of the suspect victim was used when the circumstances of a case were not clear. Ten of the victims in the nineteen cases were admitted to the hospital. Five were non-elective admissions, that is, admitted for medical problems. The remaining five were admitted to allow time to evaluate the parents' as well as the childs total environment, since circumstances surrounding the case were unclear. (3)

All cases did not originate as child maltreatment cases. In three cases the attending physician referred the parents for evaluation as he sensed a troubled family. In all three instances while the child was not the presenting problem a history of recent child abuse became apparent during the interview. In one case the mother presented with multiple long standing medical problems; her physician

requested an evaluation and during the interview child neglect along with a severely decompensating family unit became apparent. In another case a new born infant was exhibiting rather bizarre symptomology. The admitting pediatrician then requested that the parents be interviewed and during that interview it became apparent that the infant was most probably suffering from alcohol withdrawal symptoms. (4) Following appropriate investigation child neglect was established. Thirteen of the remaining cases were referred directly by the attending physician whose suspicion of child abuse ranged from "The mother beat that kid" to "I've got a gut feeling something is wrong". The remaining three cases were obvious abuse cases that were reported directly to juvenile authorities by emergency room personnel.

Sixteen cases or 76% involved physical abuse, three or 14% neglect and two or 10% sexual abuse. Schechter and Roberge also report a 10% incidence of sexual abuse in a review of cases of child abuse (5) The incidence of physical abuse versus neglect generally corresponds to that incidence previously reported. (2,6) Moreover, this distribution coincides with that recently published by the Health, Education, and Welfare Department in February 1977. (7) Included in the physical abuse category is a case involving a thirteen year old male who was being followed for some time for chronic gastro-intestinal complaints. While there were no objective symptoms or history indicative of physical abuse, follow-up

investigation revealed that the boy's symptoms were in all probability psychosomatic and attributed to his extremely troubled home invironment. The newborn previously referred to in probable alcohol withdrawal, was placed in the physical abuse categroy along with a one year old female who was brought to the emergency room with a .30 blood alcohol level. Two of the neglect cases were admitted to the hospital as "failure to thrive" cases, and the third, abandonment within the home by a diagnosed boarderline psychotic mother. Both sexual abuse cases were incest involving a natural father and his teenage daughter.

INTERVIEWING AND REPORTING

When interviewing the parents an attempt is made to avoid discussions of both suspected abuse and circumstances which could be related to abuse. The object of this screening interview is to establish the likelihood of an abusing family or identify the family member who presents with a background which could be indicative of a possible abusing parent. There is no intent to either prove or establish circumstantial evidence which is intended to prove child abuse. (8) By keeping the attending physician out of any possible direct confrontation and by avoiding dealing in specifics related directly to child maltreatment, some important interactions between the parents and others involved appear to have occurred:

1. The parent-physician relationship is maintained in most cases.
2. The parents do not further establish their defenses and

reinforce their denial of family problems thereby becoming more resistant both to reality and to anyone else who may be subsequently involved.

3. Again in most cases they have allowed their hostilities to focus on the interviewer as being the person they cannot trust since they revealed their lives to him and he betrayed them by reporting the case. In some cases they then saw the Child Protective Service and Juvenile Police authorities as only doing what "they had to do" and were often quite cooperative with these authorities.

Each case reported by the Naval Regional Medical Center was given a preliminary investigation by the juvenile division of the police department having territorial jurisdiction. The police juvenile division then referred to the appropriate childrens protective services for additional investigation including home visits by social workers when indicated. Not all cases were passed to the local District Attorney for prosecution following full investigation. However, seven of these that were passed on did go to preliminary adjudication. Only two cases went to final adjudication. A finding of child abuse was made in one and in the other the child was returned to the parents. While the remaining six cases have all the elements of child abuse or neglect the courts elected to assign the cases to child protective services for various lengths of time for further evaluation and therapeutic intervention prior to rehearing the case.

SOURCES OF DATA

Data was obtained by direct contact with persons immediately involved with the case and from medical records locally available. None of the findings pertinent to a particular case are based on a single interview. Moreover, in only one case was the interview of the parents the only source. In those where only one parent was available (and the one case where an aunt was the sole family source) the data was supplemented by very good social worker reporting and/or information from other professionals or paraprofessionals outside the hospital but close to the case. In thirteen cases both parents were interviewed; social worker reports were available in thirteen cases; and police reports in seven cases. In seven cases there was input from attending psychiatrists, and all had attending physicians reports, some of which provided social/psychological as well as medical data.

History Abusive Family/Individual Traits

All of these cases exhibited to varying degrees the patterns of a parent-child relationship which have been previously reported as classically common to the abusive family or parent. (9) One case may exhibit one or two factors which may be rather obvious. e.g., The mother complaining about the father's absence when she feels a need for his presence or she complains that the child she thought would be company for her is now a burden. While in other cases the abusive factors are less objective i.e.,the parents may insist that all is well in their lives, but during the interview it became apparent that there was a breakdown of marital bonding or bonding did not exist in the first

place; the parents, while not socially isolated in the military housing unit, were actually psychologically isolated. In several cases what the parents referred to as the "normal problems of living" were in reality real crises that they would not allow themselves to acknowledge or there is the parent who harbors an imagined crisis that he or she saw as a reality, but had never discussed with the partner. Three of the children were premature, one which additionally had a congenital hip defect which correlates with recent findings that these children are high risks for maltreatment. (10, 11)

In several cases when reviewing complete family medical records a pattern of the troubled family emerged demonstrating a mother on tranquilizers, numerous emergency room visits, missed appointments, unexplained injuries, etc. In some cases these events were recorded as early as three years prior to the "abuse" visit.

Again to allow the parents a less threatening topic of discussion their perceptions of their family and family members were used to shed light on their own attitudes. In this area each of the parents seemed to polarize towards two extremes as to their views of their families or their spouse's families as well as individual members of the respective families. One position of polarity either readily expressed negative feelings ranging from, "I'd rather not talk about that" to, "He was a no good bum". The other portrayed their families as the all-American middle class model and without a doubt probably believed their idealistic perceptions.

However, there were often gross inconsistencies in the latter's histories. e.g., "Father was always warm and loving and took care of us" yet the father left the family when the oldest child was only ten. And in another, "Mother always worked hard and we always were well taken care of", but mother had three husbands and was never a widow! In almost every case there seemed to be a two generation history devoid of any parental modeling. Divorced brothers and sisters and troubled aunts, uncles and grandparents were replicated through-out the histories. And it was while discussing their own or their spouse's family members that the child's parents began to present with a history of alcoholism.

Criteria For Finding of Alcoholism or Alcohol Abuse

For the purpose of this study a finding of alcohol abuse in one of the parents is based on findings of inappropriate drinking patterns, including a history such as continuing to drink in the face of strong medical advice to stop, one or more conflicts with authorities where alcohol use was involved, poor judgement when drinking, consumption at inappropriate times or places, one member of the family accusing the other of alcoholism or abuse. i.e., a history that the drinking pattern was deleteriously affecting the parent's lifestyle. (12, 13, 14 15) A finding of probable alcoholism is based on a history of alcohol abuse as defined above, accompanied by definitive tolerance and withdrawal symptoms. There were no cases where blackouts could be attributed to organic cause other than alcohol toxicity. (12,13,14,15)

A finding of alcoholism in a grandparent or other relative of the child was based on a history given by the informant similar to that above. Also if the informant gave strong positive feelings that he or she saw the person as an alcoholic with such statements as, "She died a drunk", "He's always wasted on booze", "He was picked up a lot when he was drunk", "He beat her up every Saturday night when he was drunk", or if the informant gave a personal history positive for alcoholism and indicated that the relative drank more or exhibited more alcoholic behavior than the informant, the relative was categorized as alcoholic. Alcohol abuse in a relative was defined by a pattern similar to that described above. (i.e., the drinking pattern had affected the relatives lifestyle) or the informant made such statements concerning the relative as, "She drank everyday but so did everybody else", "Sometimes my mother complained he spent too much on beer" etc., but there was no evidence that the relatives drinking pattern had caused serious social, legal or physical problems, similar to that which could be identified with alcoholism.

In those cases of child abuse reported by the Naval Regional Medical Center Long Beach, CA., alcohol or alcohol abuse appears to be evident rather frequently in the families of the abused child.

Parents:

Using the above defined criteria for alcoholism and alcohol abuse, sixteen or 84% of the nineteen cases of child abuse studied presented a history of alcoholism or alcohol abuse in at least one parent; Alcoholism was manifest in at least one parent in 52% or ten of the

cases; in 31% (six cases) both parents had a history of either alcoholism or alcohol abuse; and in three cases (15%) both parents had a history of alcoholism. (Figures 1,2,3) As previously noted almost all of these parents presented either histories devoid of parental models, came from disrupted or disruptive homes, lived early lives barren of love, security or stability, or in many cases actually came from broken homes. However, another very significant finding emerges concerning the parents families.

Grandparents:

Eleven or 57% of these abused or neglected children had at least one grandparent who was either alcoholic or abused alcohol. Moreover, nine of these children who had a parent who was alcoholic or abused alcohol also had at least one grandparent who was either alcoholic or who had abused alcohol. (Figures 1 & 4). 26% of the total nineteen cases or five children demonstrated both a maternal and a paternal grandparent who was alcoholic or abused alcohol. This finding coincides with previous reports of the generational linkage of the disease alcoholism. (13,15,16,17)

SUSPECTED CHILD ABUSERS

In all cases the suspected abusers were immediate caretakers, either the father, stepfather or mother or as in two cases where the home environment was the contributing factor to the child's condition, both parents. Most importantly thirteen out of the nineteen suspected child abusers were alcoholics or abused alcohol and in the two cases where both parents were the suspected abusers, both were alcoholic. (Fig.5)

In two of the cases of neglect while the mother did not appear to be abusing alcohol, the father was. In three of the remaining four cases where neither parent exhibited alcohol abuse, there is a history of at least one grandparent abusing alcohol. Only in one case is there no history of alcoholism. Nine of the abusers were diagnosed as alcoholic, and six of these alcoholics entered therapy with their families.

It should be re-emphasized that this study is based on cases arising through the Child Advocacy Program, and in only two cases did the referring physician suspect alcoholism as a contributing factor to the problem before he referred the case.

This finding of the extremely high correlation between alcohol abuse and child abuse is really not that unsuspected. When reviewing current literature such findings seem predictable. Steele, in Helfer and Kempe's latest book Child Abuse and Neglect: The Family and the Community points out that in one study about 75% of violent crimes involve violence by one family member against another (18). The 1971 (19) and 1974 (16) Health, Education, and Welfare Special Reports to Congress on Alcohol and Health point out that there is probably a high incidence of alcoholism and alcohol abuse on the part of perpetrators of violent crimes. And most significantly an article by Hollis W. Slater in the Journal of Police Science and Administration reports a study that demonstrated that there is a significant relationship between alcohol abuse and criminal homicides "on the order of a minimum of 80%" in an eight year study of two Tennessee Counties.

THE CHILD ABUSER AS A CHILD ABUSED BY ALCOHOL

Even though the subject of actual child abuse was avoided as much as possible, the possibility of the parents being abused children themselves was explored when appropriate. The parent generally avoided this subject. Some apparently appeared to realize that they may be abusers themselves. To others the subject appeared genuinely painful. Moreover, while some gave histories of extremely harsh physical punishment, they did not see this as abuse, rather they rationalized their parents' behavior with such statements as, "He was fair but a good disciplinarian", "We deserved it" etc. Nine of the parents had definite histories of being abused themselves. However, in seven of these cases the abused parent reported the abuser as being either an alcoholic (4 cases, or of becoming abusive when drinking (3 cases). (Figure 6) In one of the three cases where the father was not interviewed the mother reported that her husband was abused by his father but gave no history of accompanying alcohol abuse. When eliminating this case, in seven out of eight of the cases where the parent gave a history of being abused there was also a history that his or her abusing parent also either was alcoholic or abusing alcohol. Moreover, all five of the cases where the alcoholic or alcohol abusing parent was suspected of child abuse, he or she in turn gave a history of being physically or emotionally abused by an alcoholic or alcohol abusing parent. The alcohol abusing mother who was suspected of child neglect was physically abused by her alcohol abusing mother. The other mother who was suspected of neglect, while not abusing alcohol herself, was physically abused by her alcoholic mother.

ALCOHOL ABUSE INCREASED SEVERITY OF ABUSING FAMILIES EARLIER PROBLEMS

Throughout the histories of these families there are many disrupting incidents which, while not directly related to alcohol abuse, alcohol abuse by one of the family members increased the severity of the effects of the incident on the family and probably prevented the family from working through their problems. Four of the mothers and one father had been previously married. Three mothers said that their husband's lack of attention to the home situation, drinking patterns, and behavior were part of the reasons for the divorces. The previously married father was apparently divorced by his first wife in part because of his drinking.

The fourth mother was 33 years old, had apparently been married twice previously, and was now married to a 65 year old man; however, her history was unclear. During the interview it became apparent that she would require extensive psychiatric follow-up and was referred to the county mental health clinic, which in turn hospitalized her with a working diagnosis of paranoid schizophrenia. Interestingly her 65 year old husband's medical record indicated that a year earlier his suspected alcohol abuse was considered to be contributing to his physical problems. Moreover, during the initial interview, it was revealed that the mother's alcoholic mother and brother were living in the household and were part of the home environment problem.

There was one other case where the suspected abuser was diagnosed as being psychotic, and alcoholism was complicating the case management.

This involved a soldier who was medically retired two years earlier because of paranoid schizophrenia. He gave a history of being abused by his father, and both he and his wife gave positive histories of alcoholism in their parents. Until three or four months prior to the interview for suspected child abuse, he was apparently well enough controlled by medication that he could attend school and remain employed. Sometime prior to the time his two month old daughter was electively admitted to the hospital because of suspicious bruises, he had stopped taking his medication and tried to control his psychotic symptoms by drinking. He now presented with symptoms of physical addiction to alcohol. When asked why he drank rather than take his medication, he frankly admitted that taking pills was a threat to his ego in his barrio culture, but drinking enhanced it. He had now dropped out of school and was in serious financial trouble along with numerous other social problems.

In both incest cases the actual sexual acts took place while the father was toxic from alcohol. The complete medical records on each family member were available for both families involved. In retrospect, the numerous problems for which individual members of both families sought medical care in all probability were magnified by the alcoholic behavior within the family, if not occasionally directly attributed to alcohol abuse by the father. Both mothers were intermittantly maintained on tranquilizing drugs for various lengths of time. Time after time family members presented to emergency rooms for non-emergent relatively minor complaints. One of the mothers requested psychiatric hospitilization

"for a rest", and there were incidents where children presented with injuries which hindsight now reveals were probably symptoms of child abuse. Almost all of these accidents were recorded prior to the acts of incest.

The first incest case involved a mother who used her knowledge of the incest to blackmail her husband to stop drinking several months before the case came to light. This case involved an active duty family residing in military quarters allowing the Center to exercise more social/psychological control over the family than usual. Moreover, this was one of this studies earlier cases so outcome data is now available. On the NRMC Clinic's recommendation, the court directed the father and the victim, along with the other members of the family, into family alcoholism therapy to deal with the total family pathology rather than dwell on the incest. After six months the case was re-evaluated by the court civilian psychiatrist, and the daughter was directed to be returned to the home with family outpatient therapy to continue.

SUMMARY OF FINDINGS

A study of the child abuse cases reported by the Naval Regional Medical Center, Long Beach reveals the following significant findings relative to those cases reported by the Center Complex:

1. 57% of the abused or neglected children had at least one grandparent who was alcoholic or abused alcohol.
2. 60% of the suspected child abusers or neglectors were

alcoholic or abused alcohol.

3. 88% of the previously abused parents were abused by an alcoholic or alcohol abusing parent.

4. 84% of the abused or neglected children had at least one parent who was alcoholic or abused alcohol.

CONCLUSION

Just as the original interview with suspected abusive parents was not intended to establish any definitive evidence of abuse or to fix blame, this study was not intended to establish a casual relationship between child abuse and alcohol abuse to the extent that one could say "X" number of child abusers abused their children while toxic with ETHANOL. It was only intended to explore the incidence of a history of alcoholism or alcohol abuse within the abused child's family. The incidence appears to be high at the NRMC Long Beach, CA. Undoubtedly all child abuse cases are not alcohol abuse related.

But where does one refer a family in which child abuse has taken place? The accepted model is to split the family, and then directly deal with each member therapeutically, intending eventually to restore the family unit. Usually the abuser is treated on a legal model, and the remaining members placed in a caretaker status with some social welfare agency; however, this model can be effected only where there has been enough evidence to actually prove child abuse in a court of law. Those cases not proven in a court of law usually go back to their social/psychopathologic

family life style only to become more alienated to society than before. They are again disasters waiting to happen.

Where does one refer a family for therapy in which incest has taken place? If it occured and was adjudicated in an area where there is a Child Sexual Abuse Treatment Program, such as the Santa Clara County program described by Giarretto in a recent publication (21), effective treatment would be available provided father and daughter incest was involved and both the father and daughter could be sent to the treatment center for residential and outpatient therapy.

If the case did not occur in such a locality, the prognosis for a favorable therapeutic outcome in either the father or daughter is not very good and the prognosis for the family even less. (22) However, if alcoholism has been identified as one of the major contributing factors to the family pathology and if the alcoholism is addressed as the focal point for family treatment, the child abuse case involving incest might be managed locally with existing resources. Generalizing to other forms of child abuse from our experience at NRMC, Long Beach, CA., it appears that there is much greater chance of success with an abusive family when an alcohol abuse factor exists, and it can be identified and addressed as a primary disease process.

A note on prevention: The socio/psycho pathology reports on all of the families have not yet been completed. However, from a cursory review of family member's medical records when readily available, it appears

that these families offered the opportunity on many occasions prior to the suspected abusive incident when the health care delivery system might have intervened in the troubled family, provided adequate counseling facilities and legal backup were available. The family with an alcohol abuser or alcoholic as a member is undoubtedly a high risk family for child abuse.

1 June 1977

D.W. Behling
LCDR, MSC, USN
Ambulatory Care Service
Naval Regional Medical Center
(Center Complex) Long Beach, CA.

Figure 1

HISTORY OF ALCOHOLISM/ALCOHOL ABUSE IN CHILD ABUSING FAMILY

(Cases Reported by WRMC, Long Beach, CA. AUG 76 - APR 77)

MOTHER \ FATHER	NO HISTORY ALCOHOL ABUSE	ALCOHOL ABUSER	ALCOHOLIC
NO HISTORY ALCOHOL ABUSE	3 CASES (Physical: W,Z) (Neglect: X)	3 CASES (Physical: Y) (Neglect: Y,Z)	3 CASES (Physical: W,W,Z) (Sexual: Z,W)
ALCOHOL ABUSER	2 CASES (Physical: W,Y)		2 CASES (Physical: W,Y)
ALCOHOLIC		1 CASE (Physical: W)	3 CASES (Physical: W,X,Z)

W= No history Alcohol abuse either grandparents
X= Paternal grandparent probably alcoholic or abuser
Y= Maternal grandparent probably alcoholic or abuser
Z= Both a maternal and a paternal grandparent probably alcoholic

Figure 2

HISTORY OF ALCOHOLISM OR ALCOHOL ABUSE IN PARENTS OF ABUSED CHILDREN

(Cases Reported by NRMC, Long Beach, CA. AUG 76 - APR 77)

Total Cases: 19		No. of Cases	% Total of Cases
Father Alcoholic or Abused Alcohol		8	42%
Alcoholic	5		
Abused Alcohol	3		
Mother Alcoholic or Abused Alcohol		2	10%
Alcoholic	0		
Abused Alcohol	2		
Both Father and Mother Alcoholic or Abused Alcohol		6	32%
One Parent Alcoholic	3		
Both Parents Alcoholic	3		
Both Parents Abused Alcohol	00		
		16	84%

Figure 3

HISTORY OF ALCOHOLISM OR ALCOHOL ABUSE IN PARENTS OF ABUSED CHILDREN

(Cases Reported by NRMC, Long Beach, CA. AUG 76 - APR 77)

Number of Cases: 19	No. of Cases	% Total Cases
Alcohol Abuse or Alcoholism identified in at least one parent	16	84%
Alcoholism or Alcohol abuse in both parents	6	31%
Alcoholism in at least one parent only	10	52%
Alcoholism in Both Parents	3	15%

HISTORY OF ALCOHOL ABUSE OR ALCOHOLISM IN CHILDS GRANDPARENTS

(Cases Reported by NRMC, Long Beach, CA. AUG 76 - APR 77)

Total Cases: 19

Reported in:	No. of Cases	% Total Cases
A Maternal Grandparent	4	21%
A Paternal Grandparent	2	10%
Both a Maternal and a Paternal Grandparent	5	26%
	11	57%

Figure 4

Figure 5

HISTORY OF ALCOHOLISM/ALCOHOL ABUSE IN PARENT SUSPECTED OF CHILD ABUSE

(Cases Reported by NRMC, Long Beach, CA. AUG 76 - APR 77)

Total Cases: 19	Alcoholic	Alcohol Abuse	No. of Cases	% of Total Cases
Father Suspected Abuser	5	1	6	32%
Mother Suspected Abuser		3	3	15%
Stepfather Suspected Abuser	1		1	5%
Both Parents Suspected of Abuse	2[1/]	1[2/]	3	16%
			13	68%

1/ Both Parents Alcoholic

2/ Mother Alcoholic/Father Abused Alcohol

Figure 9

HISTORY OF ABUSING PARENTS AS ABUSED CHILDREN
(Cases Reported by NRMC, Long Beach, CA. AUG 76 - APR 77)

SUSPECTED ABUSER	FATHER	ABUSED BY FATHER	ABUSED BY MOTHER	MOTHER	ABUSED BY FATHER	ABUSED BY MOTHER
FATHER	ALCOH	ALCOH	NO AL/AB	NO HXAL/AB	ALCOH	1/
MOTHER	AL/AB	ALCOH	AL/AB	NO HXAL/AB		ALCOH 2/
FATHER	ALCOH	ALCOH	ALCOH	NO HXAL/AB	ALCOH	ALCOH
MOTHER	ALCOH			AL/AB	AL/AB	AL/AB 3/
FATHER	AL/AB	NO HXAL/AB		NO HXAL/AB	4/	NO HXAL/AB
NOT EST.	ALCOH	NO HXAL/AB	NO HX AL/AB	NO HXAL/AB		
MOTHER	NO HX AL/AB	AL/AB		NO HXAL/AB		

1/ Brother Alcoholic
2/ Maternal Grandparents Alcoholic
3/ Mother Previously Married to AL/AB physically abusing husband
4/ Father and Stepfather Alcoholics

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(22) Schechter, M.D. and Roberge, L. "Sexual Exploitation" in (2)

Department of the Treasury
Internal Revenue
Service Center

210

PHILADELPHIA, PA. 19199

Date of This Notice
JAN. 2, 1978

PV 7751

Taxpayer Identifying Number
13-6192075 PV

Document Locator Number
81491-297-00119-6

Form Number / Tax Period
990PF APR. 30, 1973

If you inquire about your account, please refer to these numbers or attach this notice

A J BALABAN FOUNDATION
100 W 97TH ST
NEW YORK, NY 10019

13454-743-10000-7

STATEMENT OF ADJUSTMENT TO YOUR ACCOUNT

BALANCE DUE ON ACCOUNT BEFORE ADJUSTMENT		$5,000.00
ADJUSTMENT COMPUTATION		
PENALTY- DECREASE SEE EXPLANATION 10	$5,000.00	
NET ADJUSTMENT CREDIT		5,000.00
BALANCE DUE		NONE

Any Questions About This Notice?

For answers to any questions you may have, please call our office at the telephone number shown on the top right corner of this notice, or you may write to the Chief, Correspondence Section, at the address on the front of this notice. If you write, please return this notice to help us identify your account. The copy is for your records.

Elimination of Penalty -- Reasonable Cause. The law provides for elimination of penalties when a taxpayer shows reasonable cause for filing a return late, paying tax late, and in certain other circumstances. If you believe you have such cause but have not yet sent us an explanation, please return this notice with your explanation now so we can determine whether any penalties can be eliminated.

Explanations of Code Numbers

Code

01 A penalty has been added because your return was not filed and your tax was not paid when due. The combined penalty is 5 percent of the tax not paid on time. It is figured for each month or part of a month the return was late, and it cannot exceed 25 percent of the tax paid late. (See "Elimination of Penalty -- Reasonable Cause," on this page.)

03 A penalty has been added because your estimated tax was underpaid. The penalty, as provided by law, is figured on a daily basis for the period the estimated tax remains unpaid. To be excused from all or part of this penalty, you must qualify for at least one of the exceptions listed in the instructions on the back of the enclosed Form 2210 (Underpayment of Estimated Tax by Individuals), or Form 2220 (Underpayment of Estimated Income Tax by Corporations).

03 A penalty of 5 percent of the underpayment has been added because tax deposit requirements were not met. (See "Elimination of Penalty -- Reasonable Cause," on this page.)

04 A penalty has been added because your check to us was not honored by your bank. For checks of $5 or more, the penalty is $5 or 1 percent of the total, whichever is greater; for checks of $2 to $4.99, it is the amount of the check; for checks of less than $2, the penalty is excused. (See "Elimination of Penalty -- Reasonable Cause," on this page.)

05 A penalty of 50 percent of the underpaid tax has been added for fraud.

06 A penalty of 5 percent of the underpaid tax has been added for negligence.

07 A penalty has been added because your tax was not paid when due. The penalty is ½ of 1 percent of the tax not paid on time, figured for each month or part of a month the payment was late. However, any period used in figuring a penalty explained in Code 01 has not been included in figuring the late payment penalty. (See "Elimination of Penalty -- Reasonable Cause," on this page.)

08 A penalty has been added because your return did not include your social security number, or your spouse's number if married and filing a joint return or married and filing separate returns. The penalty is $5 for each time a required number was not included. (See "Elimination of Penalty -- Reasonable Cause," on this page.)

09 Interest, as provided by law, is figured from the due date of the return to the date of full payment or to the date of this notice.

10 A penalty has been added because your explanation was not acceptable as reasonable cause for filing your return late. The penalty is $10 a day for each day a return is late, but it cannot exceed $1,000.

12 We have deducted from your tax account the amount of penalty charged you on a previous notice. Your account is being reviewed, and we will advise you of the results.

13 An adjustment has been made to your withholding tax credits.

Explanations of Code Numbers (Continued)

Code

14 An adjustment has been made to your estimated credits.

15 An adjustment has been made to taxes you paid.

16 Please make your check or money order payable to the Internal Revenue Service, show your social security or employer identification number on it, and mail it with this notice in the enclosed envelope or to the address on the front of this notice.

18 The balance due includes interest on your previous balance, figured to the date of this notice.

19 Please pay the balance due within 10 days of the date of this notice. Otherwise, there will be an additional interest charge, as provided by law, figured from this date to the date the balance is paid. There may also be a penalty charge added for late payment, figured at ½ of 1 percent a month or part of a month from the due date of the return to the date the tax was paid. The penalty cannot exceed 25 percent of the tax paid late. (See "Elimination of Penalty -- Reasonable Cause," on this page.)

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22 This is an information notice only. When a balance due is less than $1, as it is here, it is our policy to disregard it.

23 This is an information notice only. When a net overpayment is less than $1, as it is here, it is our policy to disregard it. However, it will be refunded upon request. Please enclose the copy of the notice if you request the refund.

24 Your overpayment will be refunded and it will include any allowable interest if you owe no other taxes. Interest, as provided by law, is figured from the overpayment date or the due date of the return, whichever is later, to the date of this notice.

30 This notice is not the result of an examination of your return. We notify the taxpayer when we select a return for examination.

26 A penalty has been added because your social security or employer identification number was not furnished us as requested. The penalty is $5 for each omission. (See "Elimination of Penalty -- Reasonable Cause," on this page.)

27 A penalty has been added because your tips were not reported to your employer. The penalty is 50 percent of the social security (or railroad retirement) tax on the unreported tips. (See "Elimination of Penalty -- Reasonable Cause," on this page.)

28 The reason for this penalty was explained to you in our Revenue Agent's report.

29 We found a credit erroneously applied to your account. This notice shows the correct balance due.

30 We have eliminated the late payment penalty charge.

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Department of the Treasury
Internal Revenue
Service Center

PHILADELPHIA, PA. 19155

PV 7751

A J BALABAN FOUNDATION
100 W 57TH ST
NEW YORK, NY 10019

210

Date of This Notice
JAN. 2, 1978
Taxpayer Identifying Number
13-6192075 PV
Document Locator Number
51491-099-36102-7
Form Number Tax Period
990PF APR. 30, 1972

If you inquire about your account, please refer to these numbers or attach this notice

13454-743-10001-7

STATEMENT OF ADJUSTMENT TO YOUR ACCOUNT

BALANCE DUE ON ACCOUNT BEFORE ADJUSTMENT		$5,000.00
ADJUSTMENT COMPUTATION		
PENALTY- DECREASE SEE EXPLANATION 10	$5,000.00	
NET ADJUSTMENT CREDIT		5,000.00
BALANCE DUE		NONE

Ms. COUTURE. Yes, from the Navy Medical Center in Long Beach, Calif., a lieutenant commander who's working in this area.

Almost 50 percent of all divorce cases show excessive use of alcohol as a major causative factor. And at least 50 percent of all juvenile delinquents and 60 percent of all runaways have family members with drinking problems. And yet, in spite of these reports, the victims of alcoholism other than the alcoholic is usually completely overlooked or used as an intervention device for the recovery of the alcoholic. This may be of great assistance in the recovery of the alcoholic, but it doesn't necessarily repair the damages and injuries the other victims of alcoholism have suffered from the destructive impact of alcohol abuse and alcoholism on their lives, their health, and their general well being.

The stigma still attached to alcoholism prevents most people from seeking help or information when they are concerned about someone's drinking. Al-Anon and Alateen are the self-help groups that provide the same ongoing help and support for the other victims of alcoholism that Alcoholics Anonymous provides for the alcoholic.

I have to say I'm sorry that no Al-Anon or Alateen member was invited to testify here today because they have been the primary resources for this segment of the population just like AA has been the primary resource for the alcoholics. I just wanted to make that statement.

Senator HATCH. They will have their opportunity in other hearings.

Ms. COUTURE. Great. However, we must develop a network of additional resources, programs, and services in order for adequate provisions to be made for the other victims of alcoholism. For instance, emergency shelters.

Haven House, Inc., in Pasadena, Calif., was the first emergency shelter established for families of alcoholics. There should be at least one of these emergency shelters for families of alcoholics in every city throughout the Nation.

I would like to say that I talked to Haven House and would like to ask for them to have an opportunity to submit a statement also to be added to these hearings because they have done some wonderful pioneer work in this area of concern.

We also need halfway houses for these other victims just like we need them for the alcoholics. Recovery from the impact of alcohol abuse and alcoholism can be a long, slow process for the other victims of alcoholism. We need halfway houses for women with and without children; for men with and without children; for teenagers who are still in school but cannot remain at home because of parental alcoholism or alcohol abuse; and last but not least, for children suffering from child neglect and abuse when both parents have drinking problems.

We must develop additional training programs for counselors, social workers, teachers, probation officers, nurses, and all other helping professions in order to help identify and address the special needs of this target population.

Insurance. We need third-party payment—I'm so glad someone even mentioned it today—is needed for the other victims of alcoholism. They must be able to receive insurance benefits as the primary patient or primary client. It's appalling that insurance benefits are not available to these people unless the alcoholic is the primary patient or primary client at the alcohol treatment facility or hospital unit.

And then industrial programs. The employee with a drinking problem is being identified by such criteria as poor job performance, absenteeism, tardiness, accidents, and lower productivity. The employee who is the other victim of alcoholism can also be identified by similar criteria, as the report from Jenny Grady from the St. Louis clinic, and the cost benefits to the company can also be similar.

And then educational and public information programs, we need more and more of these programs. And, of course, outreach programs—and you're going to hear all about the cottage meeting program that is one of the most effective outreach programs in the country today. We're developing ways and means of working more closely with them, as well as with other outreach programs throughout the United States.

One more very important point must be stressed. The burden of proof must be removed from other victims of alcoholism. It's really irrelevant whether or not they are being affected by a drinking problem, by alcohol abuse, or by alcoholism. The only important factor is that they are being affected by someone else's drinking. That should be the only issue, and yet these people are constantly being asked: "Is it really a drinking problem? How can you be certain that it's alcoholism? And what are you doing to cause it?"

It should not be the responsibility of the other victims of alcoholism to prove the degree of someone else's drinking problem. It is our responsibility to provide these people with the help and information that they so desperately need and is so long overdue.

Intervention and prevention are words that are used a great deal in connection with alcoholism. However, no one ever talks about intervening in the destruction being suffered by the other victims of alcoholism.

Our national organization, the Other Victims of Alcoholism, Inc., has formed a national task force, in order to establish a network of concerned individuals, and organizations throughout the Nation and get maximum results from everyone's combined efforts. We have members in more than 26 States and they include the following individuals and organizations: Haven House, Inc., in California; Smithers Center, Roosevelt Hospital in New York; the cottage meeting program, here in Utah; the director family care program at the Johnston Institute in Minnesota; director of the rehabilitation service of Hazelden, Minn.; director of the Nassau County Department of Alcohol and Drug Addiction, New York; the chairman of the Junior League alcoholism project in California—it goes on and on and on. I don't want to take your time to read them all but they're here—some of them are listed here and we have hundreds of others that are members of our task force and I could provide you with a list if you wanted it.

During the past year the Other Victims of Alcoholism, Inc., has presented workshops, seminars, and conferences on the other victims of alcoholism in many States including: Vermont, Connecticut, New York, New Jersey, California, South Dakota, Alabama, and Washington, D.C.

These programs were developed to identify the domino effect of alcoholism within our social systems, to explore new concepts in programing for the other victims of alcoholism, to review possible alternative approaches to the delivery of services, and to give visibility

to programs, services, and resources already in existence. Program topics included: Court systems, industry, schools, insurance, child neglect and abuse, and battered women.

Similar programs are in the planning stages for many other States during the next 12-month period.

I just want to mention as far as the insurance—the third-party payment is concerned, the Nassau Department of Alcohol and Drug Addiction did get a petition up and got signatures for 5 days. I also have this petition and a statement from the director of the Nassau County drug and alcohol drug addiction program that I would also like to enter in as testimony into the record, if I may.

Senator HATHAWAY. Fine.

Ms. COUTURE. And now I'm really at the end of this; two paragraphs more and I'll be through.

In the May 28, 1975 issue of the Congressional Record, Senator Birch Bayh called for a national commitment commensurate with the nature and extent of these concerns.

May these hearings on the impact of alcohol and drug abuse on family life be the turning point for the other victims of alcohol, just as the Senate subcommittee hearings on the impact of alcoholism in 1969 were the turning point for the alcoholic.

It is hoped that these hearings will generate the interest and funding necessary to develop the network of programs, services, and resources needed in order to provide for the neglected majority who were also in the wrecked car when the driver got hurt. Thank you very much.

Senator HATHAWAY. Thank you very much. Mr. Boswell.

Mr. BOSWELL. Thank you. I'm Bernie Boswell, director of the cottage program and I'd like to say thank you for allowing us to be here to share some of our experiences with you concerning alcohol use and alcohol misuse as it relates to the family.

The cottage meeting program was launched as an experimental pilot program in alcoholism education in February of 1972 here in Salt Lake City. It was founded on the challenging premise that: Concerned and interested citizens volunteering their time and efforts could reach out in their neighborhoods in an educative and preventive program to alleviate problems related to alcohol.

The target of the cottage meeting program is the total community—not just those who are personally affected by alcohol misuse and alcoholism.

The actual cottage meeting is a two-session, small, highly intensive but informal group process aimed at promoting greater knowledge and awareness about alcohol and alcoholism within the community and establishing attitudes congruent with a preventive, healthful approach to the problems and challenges of involvement with alcohol.

While the cottage program was initiated as a method of bringing education and awareness of alcohol misuse and alcoholism to the general population, it became evident that the program was reaching individuals with alcohol related problems—either personally or within their families.

For these individuals, the cottage program provides an excellent learning experience for the families. Not only does the family as a whole learn more appropriate responses to the alcohol problem with

the family, but I think most importantly, and Dr. Jorgensen pointed out this statistic, but also children living in these high-risk environments become exposed to a constructive learning process and can internalize the concepts and content of the cottage program.

Thus cottage meetings seek to educate the general population on how patterns of interaction involving families and significant others function to promote, or prevent, alcohol problems within the family. From this perspective, the main thrust of the program is primary prevention.

The family is regarded as the primary target for the cottage program. The concept is based on the idea that unhealthy drinking behavior is usually reinforced by the environment, and that through simple reeducation the environment can be changed enough so that destructive drinking behavior is no longer strongly reinforced.

Specially trained volunteers conduct the cottage meetings. The participants in cottage meetings are given leaflets that explain the early symptoms of alcoholism and the role that friends and families can play in supporting inappropriate drinking behavior. The cottage participants are taught that many times families, friends, and employers will cover for an alcoholic—rescue him or her or solve the many crises that follow excessive drinking. The cottage volunteers teach that the problem drinker can best be helped by simple refusing to support the drinking behavior.

Each cottage meeting is different—but the same theme runs through each one. And I've asked Miss Barbara Elkins and with her, Scott Ainsworth, Susan Young, and Mrs. Kay Edgar to take just a few minutes at this point and describe their involvement with the cottage. Barbara.

Mrs. ELKINS. Mr. Chairman and members of the subcommittee, I'm Barbara Elkins. I'm married and I have four children, two of which are teenagers. As PTA president of a junior high school this past year, I and the members of the board felt that we needed to have an effective alcohol education program in our school. But we didn't want something that was going to be a scare tactic. We knew that we could have an assembly with a lecturer, we could have a film showing the effects of alcohol, but we also knew the students would be turned off immediately before we could ever get them turned on.

The Utah Alcoholism Foundation directed us to the cottage, and I was so impressed with the program that they brought to our school and the work that they were doing that I wanted to train as a volunteer. And I wanted to help train students because one student can reach another student where adults just turn them off. We can tell them all we know about alcoholism, and they're just going to sit there and look at us and not listen to what we're saying because they don't think that it can happen to them.

By forming a youth alcoholism council in our school, we're able to reach students, and if we can reach one student who has a problem with himself or a problem in his family, we've done the job that we have set out to do. Even more than that, by training these students and having them go into the classroom and teach other students, when our students have to make that decision as to whether they're going to drink or not, and it is a decision that they are going to have to make, they are going to be able to do it responsibly. Thank you.

SCOTT AINSWORTH. Mr. Chairman and subcommittee, my name is Scott Ainsworth. I'm 14 and I'm a member of the Parent-Teacher-Student Association at Eastmont Junior High. Barbara Elkins asked me and several other PTSA students if we would like to join the cottage program. I said yes, I would like to do it.

I went to Edgemont Elementary along with two other students from Eastmont Junior High to give a presentation about the cottage program. We began by giving them a questionnaire about alcoholism to see how much they knew about it. After we gave them the questionnaire and talked about it, we discussed the various aspects of the cottage program and alcoholism. We concluded by answering questions which they had. It was pretty scary getting up there in front of all those students, but it was a good experience.

SUSAN YOUNG. Mr. Chairman and the subcommittee, my name is Susan Young. I am 22 years of age and attending the University of Utah.

I first learned of the cottage through a high school lecture given in my health class, 4 years ago. Since alcoholism was a problem in my home, I took note and that evening discussed it with my family. It was not until months later, but we finally decided something had to be done and we became involved in the cottage program.

Upon our first visit as a family, I was very relieved and comfortable with the refreshing, relaxed atmosphere and the truly open-minded approach taken concerning alcoholism. We would sit in a small informal group where no one was put on the spot. We were encouraged to ask questions, participate in the discussions, and feel free to express our feelings and problems. I gained much valuable information from these meetings. First and most important, I learned that we were not alone with our problem any longer. There were people who were truly concerned, cared and wanted to help.

Another thing I learned was that alcoholism is a condition. It is not the alcoholic's fault and he should not be blamed. He did not cause it, and alone he cannot cure it. The alcoholic is not happy and does not want to be the way he is. We learned ways to stop reinforcing the drinking behavior and found that a lot of the methods we had used before were doing more harm than good.

Through the knowledge gained by each individual member of the family and by working together, our lives started to make a drastic change for the better. Thank you.

KAY EDGAR. My name is Kay Edgar, and I have been a volunteer with the cottage program for the past 21 months. I first became aware of the program in July of 1975 through a friend who was volunteer at that time. I decided to volunteer when I found that the cottage program's focus is on family members and not on the drinking person. I'd seen how alcoholism had affected my own family, and I really wanted to do something to help if I could because I realized how much help and support family members do need.

As a volunteer, I've taken cottage meetings to family groups, church groups, civic organizations, elementary, junior high, high school, and university students. I've participated in planning intown and out-of-town training workshops and have been a trainer in them. I've done door to door and telephone outreach. And I've worked with Mr. Boswell in developing the program for the LDS Church. Right now I'm training a new group of volunteers.

I've seen many changes in the lives of people that have been exposed to cottage concepts. I think the greatest changes that I've seen have been in my own life. Learning the cottage concepts don't apply exclusively to alcoholism is helping me deal with my children in a much healthier more productive way. Using the communication skills that we learn at the cottage I'm able to get in touch with my children, my husband, find out who they are and where they're at. I know the program works because I've seen it work. It has been and is a most important part of my life. Thank you.

Mr. BOSWELL. Thank you for helping. I'd just like to mention a few more facts about our program.

On July 1, 1974, the program received funding through the National Institute on Alcohol Abuse and Alcoholism, Division of Community Prevention, for a 3-year demonstration grant. At this point the community of Salt Lake City was divided into four general sections, thus enabling people from the socioeconomic settings to be able to become exposed to the cottage meeting.

A continuous neighborhood outreach door-to-door campaign was implemented to raise the awareness of the community at large concerning the effects of alcohol and alcohol abuse on community members. Residents were informed of local resources and how and what to do if they were confronted with alcohol misuse in their environment.

The youth and student population is the secondary target of the cottage program. The student program is designed to facilitate entry into families—thus linking the family and the schools to the community at large. A related program, the Youth Alcoholism Council, was implemented specifically for junior high school students, and Scott has demonstrated one of the areas that that particular program fulfills. In this program, council members operate as teachers for their classmates. An additional innovative aspect of this program is the requirement for the junior high school student to educate their parents in the learning process, which is part of their training.

Our program's long-range goal is to change the community attitude about alcoholism, a goal, I believe, which will encourage both prevention and early intervention. Alcoholism may be compared to the illness of malaria—frantically swatting the mosquitoes while the swamp is still infested will not solve the problem. The problem is the swamp. To treat problem drinking while ignoring the society and family from which it emerges is only a partial solution. We must continue to educate people and change the environment.

The results of several evaluation surveys show significant changes and a long-term increase in awareness among cottage programs participants pertinent to problems posed by alcohol. A point of particular interest in the program involves the outcome of the cottage program as it relates to prevention in the family. Although the program addresses families who have drinking members, other family situations are more typically represented in the cottage meetings. Included were families where social drinking was practiced and alcoholism education was welcomed. Also, a large number of families were found to be those who had an interest in the problem—yet chose to abstain from the use of alcohol.

The cottage meeting, then, meets the needs of three types of families: One, those who are focused on alcohol and on alcohol dependent

members; two, those who are concerned about alcoholism education and are social drinkers; and three, those who are concerned about alcoholism yet are total abstainers. All three of these groups demonstrate desirable changes pertaining to education and prevention.

All groups revealed a maintenance of attitudes and behavior change for at least a 3-year period. A reassessment of the place and function of alcohol in daily living was a dominant theme in the second group. Within the third group, greater tolerance and understanding of problems related to alcohol were evident.

This program has also served as a model prevention effort and both its volunteer training and neighborhood components have been duplicated in many other communities throughout the Nation. In the first 2½ years of this program's operation with Federal funding, over 400 volunteers have contributed their time and efforts, holding over 2,000 cottage meetings, and involving over 12,000 people within our community.

In addition, the cottage program has been successfully replicated in Charlotte, N.C.; Salinas, Calif.; Nampa, Idaho; North Platte, Nebr.; Greeley, Colo.; and, the American Indian Institute at St. Paul, Minn. And at various locations in the States of Hawaii and Alaska.

The National Institute on Alcohol Abuse and Alcoholism recently contracted with CONSAD Research Corp., Pittsburgh, Pa., to develop a methodology for evaluating the community and youth prevention demonstration grants. In implementing this contract, CONSAD made visits to a sample consisting of 10 NIAAA grantees. The visit to our program was made on March 7, 1977, and conducted by Donald M. McCartney. The results of this visit was conveyed to NIAAA by a 13-page memorandum dated May 23, 1977, directed to Tom Hartford, National Institute on Alcohol Abuse and Alcoholism—project officer for the CONSAD contract. We have made this memorandum a part of our written testimony which we're submitting to the committee.

However, I believe it important and cogent at this time to convey to the committee the concluding portion of this memorandum. And I now quote within total context from Dr. McCartney's memorandum under section No. 8, entitled "Prospects":

> The spontaneous replications of the cottage program model deserve to be closely monitored by the National Institute on Alcohol Abuse and Alcoholism. Perhaps some evaluation funds should be invested to gather systematically some process and outcome data. Certainly, the question which looms over the results of this demonstration is: To what extent have the socio-cultural factors unique to this community contributed to the results observed. Must a community have a large, white, homogeneous middle class with a tradition of "volunteerism" before this model can function?
>
> One may fault the cottage program model on grounds of cost, impact on behavior, content of the prevention message and lack of a self-perpetuating process, but something clearly happened here. What prevention model, community or youth, now extant can claim to have engaged 12,000 people in face-to-face encounters during a 3-year period at the level of funding given the cottage program? I can't think of one. This model deserves to be tested in other settings with perhaps some variation in certain features—particularly those regarding the "message," the use of volunteers and techniques for retaining volunteers.
>
> This model is an appealing one because it provides considerable leverage for the federal funds employed and because it comes closest to an all-volunteer organization. Let's face it, the most effective prevention model possible would very probably not be funded by federal or state governments on a mass scale because the cost would be astronomical. The route which seems to be inevitable is one

which involves heavy reliance on existing organizations and the use of volunteers. One of the most cost-effective and successful organizations ever devised is Alcoholics Anonymous, an organization of volunteers.

It occurs to me that NIAAA should pursue this model, or variants of it, further. Might it not be possible to work towards a volunteer movement which becomes self-perpetuating? The prospect is enticing but we have yet to find the proper medium or focus for such a movement.

Regretfully, Senators, and ironically on the same date that Dr. McCartney's memorandum was written, May 23, 1977, the National Institute on Alcohol Abuse and Alcoholism chose not to continue financial support for the cottage program. We have difficulty in understanding the rationale for this decision.

I want to thank you very much for the time, and if you have any questions, we'd be glad to answer them.

Senator HATHAWAY. Thank you. Do you have some testimony you want to give?

Ms. JUDD. Yes; please. I am Gayle Judd from State PTA. Senator Hatch and Senator Hathaway, as I sit here and view your positions here today, I'm reminded of the situation: You must endure that which you cannot cure. And I appreciate the opportunity of pooling my ignorance with everyone's here to see if we can do something about this gargantuan problem.

State PTA is very pleased to see this type of a hearing being held here in Utah today. State PTA has been very actively involved the past 3 years in an alcohol education project. Now, I'm not going to bore you with all of the things that we have attempted to do within the project. I have previously had the opportunity of speaking with Senator Hatch and we did discuss some of these things that are going on here in Utah. What I'd like to—our primary goal, however, was to develop model prevention programs which could be put into effect by PTA members at a community level and to meet community needs.

What I'd like to direct my remarks to is some of the legislation that we have been involved in the past 3 years and some that we're presently involved in concerning alcohol education.

We're aware of the Senate bill No. 414 that Senator Strom Thurmond and Senator Hatch and many of the other Senators have written attempting to require a health warning on all alcohol beverages. We attempted to do the same thing here in Utah at our last legislature. We had several reasons for doing this, and the only way that our bills differ, yours states that all alcoholic beverages above 24 percent and ours included all alcoholic beverages.

The first reason that we attempted to do this, we couldn't think of a better awareness campaign, and we couldn't think of a better way to keep alcohol problems out front, and we couldn't think of a more visible way to get that label on the bottle to cause a little bit of publicity in doing so.

The second reason, we were aiming at the advertisers, the Madison Avenue advertisers, who do not consider the young person when they use their different methods of advertising. And should they be allowed to do this? Should they be allowed to aim advertising programs toward the youth of our country?

And the third reason, according to NIAAA research, and most of the research that I have read, 99 percent of the young people get their start in the home. And we wanted that label on that bottle when that kid took it out of Mom's fridge or off from Dad's night stand or when

Mom and Dad poured that drink for that child; we wanted that label to be seen time after time after time.

The fourth reason, we studied Senator Hathaway's Senate subcommittee reports, and one of them that I was able to get my hands on talked about the labeling of cigarettes and the use of the television spots against the use of cigarettes, the combination of the two, and the effect that it had upon society at the time. We did not succeed in getting the labels on the bottles, but we did succeed in getting some signs in liquor stores where kids will never see them. We would have felt better about it if we had succeeded in getting the signs in the stores where beer is sold along with groceries and where cooking wines are sold and beer as food.

The Utah State PTA feels that preventative efforts are more significant than the system of health care by crisis intervention. We do support the cottage program. The cottage program we have supported for the past 3 years and have spoken out for them. It's an excellent program.

At the present time we are asking State legislators here in Utah to give more consideration to the problems of alcohol in Utah. We want to beef up the present educational alcohol education system in our schools and make alcohol education a mandatory curriculum item. Kids should be taught the latest information that has come out concerning alcohol and pregnancy. Kids should know that subliminal methods are being used against them in our media every day. And in reading your Senate subcommittee reports that went on in Washington last March of 1976, we also learned that Canada has outlawed those subliminal methods. They do not allow those on their airwaves, but they are still used here in the United States.

Senator HATHAWAY. They're outlawed here, too, but they get away with them.

Ms. JUDD. How come they're being used so forcefully?

Senator HATHAWAY. Well, they can't be proved, and the Federal Trade Commission has not taken over the responsibility which I mentioned earlier to another witness that we're trying to get them to do.

Ms. JUDD. I see. We also feel that kids should know that companies like Heubleins and others who have surveyed the country to find out what groups aren't using enough alcohol, that they are directing these massive advertising programs toward them. Kids should be taught about the ill effects of alcohol abuse, and perhaps, if I might refer to the St. Louis, Mo., study that was just recently done, maybe we need to start teaching kids attitudes and skills of nonusers. This is a big study done on nonusers, trying to find out why nonusers don't use alcoholic beverages. We've always studied the attitudes and the reasons why users use alcoholic beverages.

And because alcohol problems have reached an alltime high point here in our United States, State PTA wants every restraint possible used that would lead young people away from the use of it. As is stated in our Utah State Law, teachers in the schools will lead young people away from the use of alcoholic beverages. Thank you.

Senator HATHAWAY. Thank you very much.

Josie, you mentioned some of your problems. Many of them are State problems like third-party payments. For example, we don't

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really have any control over, and some of the other difficulties that the victims of the alcoholic get into are ones that the Federal Government really can't get into, although we'd like to. So I hope you and your organization will keep the pressure on the State legislatures to help you in this regard.

Ms. COUTURE. All right. I'm glad to know that that's the direction we should take.

Senator HATHAWAY. I'm sorry you lost your grant, but I don't know what we can do with NIAAA. It's supposed to be a separate agency and we just leave them alone. They have, you know, this new advisory board that gives some advice with respect to various grants and, presumably, this board can recommend yours. Aithough, there are a lot of them we would like to go to bat for, we feel we ought to stay out of it because that's the way the system is supposed to work.

Scott, what exactly do you do when you go to the classrooms? Do you talk to other students at a time when they are at recess or just when?

SCOTT AINSWORTH. Well, we don't have recess in junior high. I talk to the other students but it's not about this. Yes, I talk to them sometimes. And Barbara, she mentions it at all of her PTA meetings and stuff, and I go to the PTA meetings—some of the PTSA and most people up at our school know about the cottage program now.

Senator HATHAWAY. Do you get the other students interested in the cottage program?

SCOTT AINSWORTH. Could I?

Senator HATHAWAY. Do you.

SCOTT AINSWORTH. Yes, kind of.

Senator HATHAWAY. There's a program similar to this that operates out of Boston where they have realized that only the peer group can get the young people away from alcohol, and it's worked out very well. It's only been in existence for a couple of years, but they have 18-year-olds talking to 18-year-olds and it's a lot better than 30-or 40-year-olds talking to 18-year-olds.

Ms. ELKINS. Senator, when we went down to the elementary school, these students took a questionnaire that had been prepared for junior high school students, and they talked to the fifth grades and they presented this questionnaire to the fifth grades and then they supported the answers to this questionnaire. They took turns in answering these questions and supporting—giving support to the answers to these questions. One of the questions that was asked is—they were true and false questions—one of the questions that was asked is: The spouse of the alcoholic oftentimes has more problems after the alcoholic quits drinking than before, true or false. And then they supported the answer and, you know, gave the students reasons for it, and they answered a lot of the questions that people have about alcoholism that isn't generally known.

Senator HATCH. Im just very happy to have all of you here today. Happy we were able to get you to testify also, Gayle, and I appreciate what you're doing in your organization. I think its just a very innovative and very good approach that's needed in our society today. Especially you two younger people, happy to have you here and that you'd take time to come up and testify and, I thought, very well. And

you also, Barbara, you've done a great job here and were pleased to have you with us.

Senator HATHAWAY. Thank you. We're going to hold hearings on that bill very soon, on the labeling bill. We'll be holding them later in the year.

Ms. JUDD. Good.

Senator HATHAWAY. Our next witness is Judge Leon Emerson, Municipal Court, Downey, Calif. Judge, glad to have you here.

STATEMENT OF JUDGE LEON EMERSON, MUNICIPAL COURT, DOWNEY, CALIF.

Judge EMERSON. Senator Hatch, Senator Hathaway, thank you very much for inviting me to testify before you today.

I feel that probably the judges are the focal point of all of the problems in the community as a result of behavior, and probably the judges have the chance of a lifetime to direct alcoholics into treatment if they can merely identify and then direct them to the appropriate treatment.

From a constructive coercive aspect of a court order in exchange for not punishing or not punishing as severely can be probably one of the greatest stimulants that we can possibly have in the way of motivating the alcoholic and piercing his denial syndrome, in fact, if we just totally ignore the denial syndrome in doing so, that probably any person or any group of people in our society have today.

The strict enforcement of the drunk driving law, the strict enforcement of all laws concerning alcohol and drug abuse is probably counterproductive to the alcoholic. It is not counterproductive apparently to the nonalcoholic, to the person who just gets a snootful and gets in trouble because of his behavior. But it certainly appears to be clearly nonproductive as far as the sick alcoholic is concerned.

The biggest problem with judges is the fact that we don't know how to identify alcoholics in our caseload. We know that about 85 percent of all the people who drink do not get in trouble with alcohol. And for years and years we've been presuming that everybody came into court were really social drinkers because they came in usually dressed up and they looked like us and talked like us. In fact, they were often our friends and neighbors. Had a difficult time identifying them as alcoholics. It's only of recent years because of the massive research that's gone on in the alcohol safety action project and the programs of the training of the American Judicature Society, American Judges Association, the American Judges Assembly, and the Center for State Judicial Courts that we began to train our judges to recognize alcoholics among our caseload and then what to do about it.

It is very easy and very simple to identify the alcoholics in our caseload if we will look at the main indicators which we have. First, we have a criminal record. It is an old saying that the first offender, the first time of offense that it might be an accident. The second offender may be a coincidence. And a third offender is a habit. And certainly, we can base that as pretty good identifiers from the standpoint of alcoholism.

When we have a drunk driver, we have a situation where the blood alcohol content is usually available—not always but usually avail-

able to the judge in a drunk driving case because of the immediacy of the breath-o-lizer and intoximeter and the gaschromatograph that we're using in most of the areas of the country now, again, taught and promulgated by the alcohol safety action projects. If a person has a blood alcohol content of zero and he's still drunk, certainly this indicates narcotics or some illness that we have to look into. If he's between 0.05 and 1.5 he usually is a social drinker in the sense that he's not a real serious problem and he most often does not reappear in court later on. He usually doesn't recidivate because the one trip through the criminal justice system gives him a pretty good jolt and does a pretty good prevention for future cases. However, we do feel that even the first offenders should be certainly well-educated for future prevention purposes because this is one group that we can concentrate on for prevention.

From the standpoint of 0.15 and 0.20, almost always this person is a troubled person. He's troubled in all areas of his life besides alcohol, besides being in trouble with the law, and if he's above 0.20 blood alcohol content he's almost always an alcoholic.

Now, if we at the same time ask that person some questions concerning his habit patterns, his life and troubles that he's having, we can almost identify alcoholism with about 85-percent accuracy in our caseloads today regardless of what the charges are.

The most important thing that a judge has to do is to sober up the alcoholic, and in order to sober him up we sometimes have to educate him in the process on how to stay sober, and then he's got to stay with the alcoholic for a long period of time long enough to make sobriety a habit.

The best way to sober up a person is Alcoholics Anonymous, and I use a module of Alcoholics Anonymous every day for a couple of weeks before I even talk to the person, generally, and then a couple of nights a week for about a year so that Alcoholics Anonymous can become a habit. We utilize Alcoholics Anonymous because it is usually the only available treatment we have in the community. We don't have beds. We don't have places—recovery houses. We don't have enough beds in the recovery houses to take care of the alcoholics in our caseload, and probably 90 percent of all of our alcoholics in our caseload do not need any type of institutionalization. They do not need jail. They do not need recovery houses. They do not need hospitals, but they do need treatment.

And then we try to educate this person. We try to educate them over a period of—for the first 30 days the education is not very effective after they sober up, but from somewhere between 30 days and 6 months we try to do the most intensive job we can in education. From the standpoint of from 6 months on up to 2 years we try to teach them how to live, resocialize them in the sense of having to deal with their alcoholism on a day-to-day basis and live sober throughout the period of time.

We usually keep a very tight control on these people by reporting. We report all their AA meetings. We report all the contacts with the counselor. We make them pay for their own treatment. The average cost of the treatment is about $400 for a 1-year program. And the payments that they make to the treatment center pays for all of the costs, pays for all of the cost of the counselors and the educators and the films and so forth that goes along with it.

We do, to the best of our ability, work the same thing with our judges and lawyers. It's a sad fact that about somewhere between 10 and 15 percent of our lawyers and our judges are just as much in trouble with alcohol and their problem drinking as anybody else in our society. We have a fairly good program going in Los Angeles County at the present time. We have about 300 lawyers and judges involved in a fairly intensive program. We have about 20 groups, specialized groups, for just lawyers who have a drinking problem and these run along the lines of Alcoholics Anonymous, although these are not AA meetings. We call them "Attorneys Concerned About Alcohol" and we have several open meetings and luncheons. We have a meeting every night some place where we can take a person.

Each time we locate a new case we immediately assign three recovering alcoholics to that person. We use, as Professor Sprout said, a quadrad-type of a therapeutic approach where we have three buddies immediately pounce on this person and try to get him sober and help him deal with his problems. Of course, we don't mother him in the sense that we carry him. We do not appear for him and we will not be responsible for his misdeeds or pay his phone bill or pay his hospital bill or appear for him in court or be his attorney before the Bar Association Disciplinary Committee. But we just primarily do the thing that tries to help that person help himself. Effectively we've been able to recover and keep fairly sober about 65 percent of the people that's entered our system. About one-half of the people that come into our system come in forced by the bar association in a sense using the volunteer or else approach, and about one-half come in just seeking help and asking for help.

The most difficult thing that I find in court is the family involvement of trying to involve the family into treatment. I have not found any ready way of involving the family. In our drunk driving long-term program we try to bring the family in. We give incentive points. We shave off a day off of the program, the total extent of the program, of basically a 15-month program. We shave off a day for each month that the family participates in the program with the drunk driver. We have all-kinds of things going for the family. We have Al-Anon groups and Alateen groups, of course. These are our mainstays. However, probably at least half of the total program is recreation and fun. About half of it is education. In the sense of the recreation, as Professor Sprout says, "recreational therapy," we have parties, dances, rap groups, picnics, potlucks, beach parties, swap meets, arts and crafts shows, fishing trips, camp-outs, and volunteer work to try to suck in the families voluntarily into the program.

As far as juvenile court is concerned, those families that come from the juvenile court, we have actual jurisdiction over the families where we can actually make the families a ward of the court in the sense that we can assume jurisdiction of the family if they refuse to cooperate. This is very, very seldom done, obviously, because they are not the direct culprit in the crime involved that comes under our jurisdiction. However, the threat somebody is going to file on them is very persuasive in getting them into the program and this helps a great deal. Very often I will call the wife into chambers and ask her to try to get into a little subtle conspiracy to try to get her to help me help her spouse, try to show her how she and the children can

get help for their particular needs. I try to persuade them the value of the meetings, attending the meetings of Al-Anon, trying to involve the children into Alateen and into the various programs, the young adult's program or YAP program, as we call it. The main thing, of course, is to try to make it simple but make it fun.

I hope that some of these things that I've talked about here today have been helpful to you. I know it hasn't been very extensive. I haven't gone into any particular detail. I know it's far past your lunch hour. I hate to keep you so long.

Senator HATCH. You've provided us with a lot of materials here, though, and I would suggest they go into the record.

Senator HATHAWAY. Yes, absolutely.

(Note: Due to the voluminous nature of the material referred to and in the interest of economy the same was retained in the files of the subcommittee.)

Judge EMERSON. Yes. I have a monograph there that I wrote in 1973 about the utilization by the judge of Alcoholics Anonymous where it can be used without violating the traditions of Alcoholics Anonymous. We do that extensively in Los Angeles County at the present time. All of the probation officers and all of the judges are provided with little cards that the defendant can carry to the AA meetings and get the secretary to verify the meeting, that he's been there through the meeting and that usually is sober—not always, but he stayed for the meeting. And we are getting thousands and thousands of those cards signed each week. The so-called green card carriers have made up about 40 percent of Alcoholics Anonymous in Los Angeles County. Usually they carry a card for 6 months or a year. But the secretaries say now, "Send us all you've got," because for the simple reason they are staying and they're mostly staying sober. And I would say at least 50 percent of those people are forced into Alcoholics Anonymous by the courts and by probation are staying and are doing very, very well. And there's a tremendous amount of prevention work going on behind this also.

Senator HATHAWAY. You stated that being tough on drunk drivers does not help the alcoholic, but in a way, I suppose, it does because it helps those who are social drinkers who might become alcoholics?

Judge EMERSON. Well, the problem is, Senator, that they never—that when you put an alcoholic in jail—let's take first the alcoholic and then we'll talk about the ripple effect on the family and friends and the neighborhood and the papers, and so forth. When you put an alcoholic in jail, you take away his driver's license, otherwise you normally don't put a first offender in jail. You put a multiple offender in jail, and that multiple offender is almost always an alcoholic. Now, when you put him in jail, you interrupt his credit. He very often will lose his car, his home—the ripple effect to his creditors. The family is down on him because he's goofed again. He's done it all over again, and they put him further and further down. He feels like hell. His guilt is boiling over. He comes out—he may come out physically sober, but he comes out actually sick. You can't keep him in jail forever. And he loses work. The employer loses productivity. The ripple effect of everybody concerned around this man is damaged.

Now, just take the driver's license alone. Those people that have had their driver's license revoked—and we've revoked thousands of them

in California—that those people that have had their driver's license revoked, 85 percent of those were caught driving during their period of revocation. Those people that were suspended for a period of time up to 1 year, those people were caught driving 65 percent of the time. Now, these are three different separate studies of several thousand drunk drivers that were revoked and/or suspended.

My feeling is—and the feeling of most of the judges in California that I have talked to, and I've talked to a lot of them having been on the bench for 17 years—the feeling is that the mandatory revocation of drivers' licenses is totally counterproductive; that it does not really help the people other than the alcoholic. The fear that they're going to have their driver's license revoked or suspended if they drink and get into a car is so remote it's not even really significant. Now, you may think on the face of it that it's really important. I personally do not feel, in talking to thousands and thousands of people over the years, I personally do not feel it's very significant, and the people doing the research do not feel it's very significant. I know what the newspapers are saying. I know what the politicians are saying. I know what the people in the PTA are saying. I heard what the L.D.S. Church said this morning: "Strict enforcement of the drunk driving laws." I know what they're saying. And I'm saying, in all due respect, gentlemen, they are incorrect. It is counterproductive.

However, here is something that is really productive. If you can dangle the bait the fact that if they don't go for treatment they are going to lose their driver's license, the threat of the loss of their driver's license is important enough that they will go to hell to breakfast and back to try to save that driver's license. On our surveys, the most important thing to a man that comes into our court, the first most important thing is his driver's license. The second most important thing is his job, and the third most important thing is his wife, and the fourth most important thing is his life. And that's what they say who are coming into the program.

Senator HATCH. I was interested in your comment or at least in your written comments that there's a high percentage of intensive alcohol use by the members of the bar in California and I have to presume elsewhere throughout the country. And I've noticed that as a practicing attorney that lawyers seem to be a hard-drinking bunch. Why is that? Do you have any insights for us on that?

Judge EMERSON. Well, not really. Probably no more than you do, Senator.

Senator HATCH. Because of the pressures, the stresses that attorneys have to go through?

Judge EMERSON. I think probably the stress. When I was a practicing lawyer, I could be sitting down and having dinner with my family and the family would be carrying on a conversation around me about daily affairs, and what have you, and I wouldn't hear a word they were saying because I am worried about a problem of one of my clients that I'm unable to solve. I'm thinking if I was just smart enough, if I just would put a little more time, a little more effort, a little more research into this problem, I could solve this problem.

Senator HATCH. Or maybe 40 or 50 problems.

Judge EMERSON. And, you know, when you're carrying a caseload of 250 as a private practitioner for 5 years that I was in practice,

which is far more than any practitioner should carry, and you're carrying the load and the problems of little people who have no money to pay you to do this fancy job of doing an investigation and doing an in-depth research and, you know, it's just people problems that come in day in and day out to a poor lawyer—you know, a lawyer in a poor neighborhood—this type of pressure begets alcoholism. This type of pressure begets anxiety that no human being is able to cope with—or few human beings are able to cope with. There's one psychiatrist in San Diego who made a talk a short time ago. He says as high as 30 percent of the legal profession have drinking problems. I don't think it's quite that high.

Senator HATCH. You say 10 to 15 percent?

Judge EMERSON. I'm trying to be conservative because I think I know where I—being the chairman of the alcohol abuse committee of the California State Bar—I'm of the opinion that 70 percent of all of our malpractice in the California State Bar is caused behind problem drinking. I'm of the opinion that 50 to 60 percent, and maybe as high as 80 percent, of all of the people that come in to the disciplinary committee, that come before discipline—and there will be about 2,500 people go into discipline in the State of California this year—that enter the disciplinary process so to speak, they're behind alcoholism and problem drinking, yet the bar association officially says that it only amounts to 5 percent of that group. And it's just totally unrealistic. But we are dealing with it—our committee is dealing with the human being and we're not dealing with the total disciplinary process. We're separate and distinct from the disciplinary process and we're not privy to their statistics or to their cases or anything like that. I hope some day we'll be able to sit down with the disciplinary people, and we have about 250 of those people working there now who are almost totally incapable of identifying the problem-drinking alcoholic in the profession. We have exactly the same problem with the judicial performance commission of the State of California, which I consider one of the leaders in the country, and yet they are totally ostrich minded, as far as alcoholism and drug abuse is concerned, in the judiciary. They totally ignore it. They just don't know how to deal with it.

Senator HATCH. I think that's part of the reason why some of the people want strict law enforcement and they don't necessarily mean to put them in the tank, to put them in jail. Now, I've represented some people in my past that have had alcoholic problems. I think what they're saying is exactly what you're saying. Yours is one of the more resourceful but I would say strict programs that I've heard because you're actually saying, "OK, we'll put you on probation but this is what we expect for doing so, and we're going to check upon you during that period of time and we expect you to go to Alcoholics Anonymous, et cetera. We're going to involve your wife and family." And I think that that's what they mean. I think what irritates a lot of the people in some States is that the judges just automatically give them probation with no followup, and that's where they consider it to be nonstrict enforcement of the law. I don't think anybody just wants to see the jails filled with drunks or alcoholics or people who are having difficulties with alcohol. But your approach is, I would say, a fairly disciplined approach with which I agree, incidentally, and I think it's creative in nature.

Judge EMERSON. I like to think of it as tough love, Senator.

Senator HATCH. Well, I think that's a pretty good comment, but I think that's what was meant this morning. And, you know, I can't imagine just anybody just wants to fill the jails with alcoholics thinking that's going to solve the problem. But, you know, if more judges would take an interest in this problem as you have and come up with creative approaches to get people to help themselves and involve the family, which is what this hearing is really about, like you have done, I think we'd have a lot of fewer problems in our society and maybe be on our way to some of the solutions.

Judge EMERSON. I hope so, and I hope you keep on holding these hearings throughout the country, and I hope you keep on bringing this to the attention of the people because without the political leaders of our country dealing with it realistically and honestly, we're never going to be able to get down to the grass-roots and be able to cope with it because you are the leaders, you are the people that show us the way, and you are the people that give us the substance on which we can continue, you know, the money, the research, the attention and the focusing of attention in the appropriate place. I hope you keep up the good work.

Senator HATCH. I want you to know that you're talking to two teetotalers here. Senator Hathaway has had much more experience with it than I have so he's, at least, much more practical. But we're going to——

Judge EMERSON. I'm not exactly a virgin but——

Senator HATCH. Well, being an attorney, my goodness, what could we expect. But we are going to hold hearings and continue to do this in the hope that someday maybe we can educate the public. We hope some of that's been accomplished here today, and I commend our chairman here for the aggressive way that he's approaching this problem in our society, and I have deep regard and respect for him and have seen him work in this area, and I think that your testimony today has been very helpful.

Judge EMERSON. Thank you very much.

Senator HATHAWAY. Thank you, Orrin. And thank you very much for your input because this throws a different light on the problem I thought of because I was sort of taken in by the Scandinavian experience where they suspend drivers' licenses I think for a long period of time, maybe life, if a person just drinks and drives.

Judge EMERSON. It had an immediate impact when it started, and then it fell off and is right back where it was.

Senator HATHAWAY. So that the alcoholism is just as high as it ever was?

Judge EMERSON. Yes.

Senator HATHAWAY. Thank you very much. Dr. Anthony Mitchell.

Senator HATCH. Could I interrupt for a second. Dr. Mitchell is going to be substituted for by Dr. William Payne, who is the assistant director of the Utah State Division of Alcoholism and Drugs. And also before Dr. Payne presents his statement, I would like to ask unanimous consent that we put the statement of Mr. Robert L. Martin, director of operations for CDP and NADAP for the Navajo Indian Tribe into the record. I'd hoped that he would stay and we could listen to him last. In case he doesn't come back, we'll make this a part of the record.

Senator HATHAWAY. Fine.

Senator HATCH. I would also like to ask unanimous consent that a very graphic poster made by The Other Victims of Alcoholism displaying the ripple effects of alcoholism be inserted in the record and, with your permission, Mr. Chairman, we'll do that.

Senator HATHAWAY. Fine.

[Note: In the interest of economy the material referred to was retained in the files of the subcommittee.]

STATEMENT OF DR. WILLIAM PAYNE, ASSISTANT DIRECTOR, UTAH STATE DIVISION OF ALCOHOLISM AND DRUGS, REPRESENTING DR. ANTHONY W. MITCHELL, EXECUTIVE DIRECTOR, UTAH STATE DEPARTMENT OF SOCIAL SERVICES

Dr. PAYNE. Mr. Chairman and members of the subcommittee, Mr. Christiansen, the director of our division, is today delivering an address at the 24th Annual Institute on Crime and Delinquency and, therefore, Dr. Mitchell asked if I would represent him and the Governor and present the remarks which they have had prepared.

In keeping with the topic of the hearings, I would like to address my comments to the problems and issues facing the family as a basic prevention unit; to also voice support of programs which directly educate the family on alcohol and its related problems; and to voice support of programs which, although not directly intervening in the family, are useful support systems in furthering the family unit as a focus of prevention.

In the past several years we've seen a number of significant changes in the social awareness of our State and Nation with regards to the use and abuse of alcohol and other drugs. We have seen youth in particular go through a phase of drug abuse during the last decade. It's also true that our schools experience fewer life and death crises with drugs and alcohol, and there's no indication, however, that they are any less prevalent in our high schools and junior highs than during any other period of time. If anything, perhaps there is greater prevalence.

What has changed is that among drug-using youth, the use of drugs and alcohol is casually accepted and, to some extent, even acceptable to parents. There has been a decrease in the fear that communities experience around drugs and alcohol. There's also been a decrease in the visibility of those use and abuse patterns. Also, there's been a decrease in public support for drug and alcohol programs partly because of the decreased fear and decreased visibility. The problem of sex appeal of various programs and the funding of those programs around the excitement and fear I think is a major problem with drugs and alcohol and I think one that, hopefully, local officials will come to recognize.

Those charged by law and by moral precepts to guide and teach youth a common morality and obedience to law too frequently have lapsed into complacency of acceptance of a situation or even denial of the existing drug and alcohol situation. And they have also become frustrated, I think, with the ineffectiveness of many of our programs and current solutions. The problems of guiding youth in a common morality have added complication of the prevalence of the adult role

models who are actively involved with the use of alcohol and other drugs. Many young adults have casually accepted the use of illegal drugs. For many of these young people, it has become a way of life and very acceptable. We know from recent opinion polls that over 70 percent of the adult population use alcohol to some extent or another, and as much as 20 percent of the same population have experimented with or are currently using marihuana.

The National Institute on Drug Abuse has recently noted that 10 percent of the adult male population age 20 to 24 use marihuana on a daily basis. The use and abuse of prescription drugs is even more dramatic. For instance, the National Institute on Drug Abuse has stated that over 60 million prescriptions for valium were written last year making it the No. 1 prescribed drug in America and, for that matter, I understand in the world as well. A similar problem exists with other tranquilizers, minor and major, barbiturates and amphetamines. Partly because of their legality and their medical status, there is not the same concern and the same worry around those drugs.

I guess the American public has tried so many different solutions and heard so many different solutions that they're satiated. Posters, garbage can liners, pamphlets, fliers, advertisements which state: "Fight drug abuse" or something similar have become so commonplace that they're ignored. We have what I think is the impression of knowledge about drugs and alcohol without the substance of it.

One reason I think these problems persist is that we have not conceived of the problems very accurately. It's time for us to redefine what is alcohol abuse and what is drug abuse. In fact, I think that should occur regularly, redefining the nature of the problem.

In the opinion of our agency, the substances, the chemicals, the physical reactions, the pharmacological properties of drugs are not the key to understanding the nature of the drug and alcohol problem, but it's rather the lifestyle and the culture which encourages and condones the solution of human problems through chemicals.

The use of alcohol and other drugs is a way of life for the American society. Alcohol and drug abuse will not go away. We're not going to wage war that we're going to be victorious in and banish the enemy. Our economy, our recreational activities, our mental health, all our daily activities are so intertwined with alcohol and other drug use we can no longer hope to set them aside. We can no longer talk about others versus us. The polarization of the user and the nonuser is unrealistic and probably counterproductive. If we are to be effective in developing workable solutions we must all assume an active, responsible role. As one of these speakers earlier today, I believe Dr. Bissell said, "The problem is a total community problem. It's not an enforcement problem, a medical problem, a treatment problem. The total community is ultimately involved either through the pocketbook or in some other way."

I think there's a need to recognize socio-cultural influences in drug abuse. The same kind of influences that make a person a good patient for a doctor have the potential to make a person a drug abuser or an alcohol abuser. We learn through our culture and through our mass media that it's wrong to hurt. People should not have to hurt, and that alcohol and drugs cure those hurts. And that if they make you feel good, then they're, therefore, good for you. This type of faith in

drugs as cures for all types of hurts, especially other than physical, medical hurts, poses, I think, a danger to all of us. We are taught through advertising and through our own desires to feel good that when it's appropriate to hurt and in what ways to hurt and where we feel the hurt so that after a long, hard day it's appropriate to hurt, and it's appropriate to come home and take something for that hurt. This type of cultural influence and training is pervasive with youth from the time they can crawl over and sit up in front of the television set.

I recall several years ago when my oldest daughter was first watching TV and had had a scrape with her mother which had left her somewhat unhapoy, she got hold of an aspirin bottle and brought it in and told Mommy: "Take two of these Mommy, you'll feel a lot better." I think she was only 4 or at the most 5 at the time and yet she had picked up those type of cultural expectations. Hurts are to be cured with substances.

I think there is wide agreement that early intervention or prevention of problems before they begin is the best focus for our efforts, but let me stress that it's not the complete solution. There are many constructive steps which can and are being taken to assist us in understanding our relationship with intoxicating substances and clients and people who use those substances and are in all stages of use. We need to look in terms of human costs. We need to look in terms of loss of human potential which are attributable and related to the abuse of these substances. Sometimes we think only in costs of incarceration and treatment. There are a great many other costs which are hidden and need to be looked at.

The approach which we are pursuing in Utah is consistent with the recommendations of the Education Commission of the State Task Force on Responsible Decisions about Alcohol. We are sponsoring a broad base educational approach involving schools, churches, peer groups, business and industry and, most importantly, the family. And consistent with their recommendations, we are placing an emphasis on the broad spectrum of daily living experiences and their relationship to alcohol-related problems. In other words, we're looking at problems such as how to teach appropriate decisionmaking skills and identification of alternatives among which to select. How to teach people, young people in particular, to deal with feelings, their feelings of sadness or upset or loss. And also teaching young people as well as adults how to deal with feelings of inadequacy or poor self-concept.

In many ways, these indirect approaches are most beneficial as prevention mechanisms. We must also recognize that we're a nation of diverse people. Even within the boundaries of our own State of Utah there is great diversity. We are frequently seen from the outside as a homogenious culture; however, our citizens and family are not unified in their thinking as to what is normal and acceptable as it pertains to standards of drug and alcohol use. We cannot, therefore, dismiss the need for communication and understanding of these diverse opinions simply by majority vote at the ballot box. It just will not work.

In Utah we've been fortunate to have had the programs—the cottage program that you've heard earlier from today, the family intervention approach for alcohol education and prevention funded

through the National Institute on Alcohol Abuse and Alcoholism. This program has been most effective in increasing the awareness level of our citizenry as to the symptomatic dynamics of the family which promote often without realizing it, which promote alcoholism. This program has been aimed at families who abstain from alcohol use, families in which drinking occurs, and families in which there are significant alcohol problems. With all three of these groups, families have evidenced increased knowledge and understanding of the problems of alcoholism. We need to broaden our target populations. We can't just talk about the family with alcohol problems. There's a need for an awareness and a concern on the part of all of our families.

The Utah Legislature has wisely adopted a statute to promote alcohol and drug education to communities of the State. Schools are required to teach the harmful effects of drugs and alcohol. Based on these mandates, the Utah Department of Social Services through the Division of Alcoholism and Drugs has undertaken an extensive, cooperative training system to bring education, prevention and training to a variety of target populations in the State, not only youth but also professional service providers, teachers and other community and civic groups.

The intent of these programs has been to educate the citizenry in areas of general knowledge of alcohol and drug abuse, to introduce them to alternative approaches to prevention, and to encourage their subsequent involvement in these approaches.

I think if we've had successes in recent years, it's been in involving local community elected officials, civic groups, and program personnel in priorities which the State has identified. I think we have found that for State personnel to go to an area of the State and to attempt to prescribe or proscribe or mandate or dictate, in doing that we found very little success. Involvement with local officials and citizens in all phases of planning and implementation has been an important realization and I think an important success during the last year.

It's our hope that the Federal Government will increase its assistance to State prevention programs particularly in the area of evaluation. We are faced with a dilemma of potentially overselling prevention concepts and programs with no evaluation process to validate their effectiveness. I think this is significant. Civil groups, agencies, and schools have eagerly latched onto and implemented apparently sound prevention programs with good intent. However, since measurement is often difficult and frequently is expensive as the prevention program itself, evaluation is seldom adequately addressed.

The potential harm in not doing evaluation is obvious, I think. At least two reasons might be programs lack systematic basis for altering directions and efforts, and the motivation of workers and volunteers within a program wanes because of the lack of objective data to demonstrate the effectiveness of what they're doing and provide reinforcements for their efforts.

Programs I've mentioned so far have focused directly on family, on the family itself, or the immediate support systems like the community and the schools. Many of the problems of alcoholism, however, are first manifested on the job. Occupational alcohol programs located at the workplace provide a valuable support system to the troubled employee and his or her family in that they serve to motivate and provide direction for change.

In the past, people have been dealt with on the doorstep when they have been in serious trouble and easily identifiable. Employers in business and industry have chosen in the past to ignore problems of alcoholism within their agencies, and unless it was so forcefully brought to their attention they could not or could no longer ignore it. Occupational alcohol programs within business and industry as they are designed in our State would be able to identify potential problems at a much earlier stage, confront the employee, and to seek out the appropriate help through referral. The State of Utah has supported the concept of occupational programing since initial efforts of NIAAA placed a major emphasis and priority on reducing alcoholism costs in the work force.

Few strategies developed in recent years have had as great a potential of reducing the waste of human resources as do occupational programs. We do recognize, however, that progress is slow in getting a majority of employers to accept those concepts and to adopt workable methods which produce cost and manpower savings. We would like to commend Senator Hathaway for reintroducing Senate bill 1107 in March of this year which would provide Federal financial assistance to employers, labor organizations, or consortiums thereof to establish and operate occupational programs. The incentive provided through this bill deserves acceptance and support. Passage of this bill would allow increased opportunity to establishing a significant data base of information around social and economic effects of alcoholism in the workplace.

In closing, I'd like to say that I believe we are moving ever closer to the realization of a comprehensive approach to the problems of alcoholism and other drug dependencies in our State. Sometimes it feels like we take a step or two backwards. I think, however, in general we're closer than we were a year ago, and a year ago we were closer than we were 2 years ago. The key to this effort, I believe, lies in the reinforcement of family and community values, the support of interagency efforts, and especially in promoting community understanding and updating of the nature of the drug and alcohol problem.

We've had a number of pieces of legislation before the legislature this year which failed which we feel are important which we hope will be reintroduced and seen in a more favorable light. We have had the Uniform Alcoholism Intoxication and Treatment Act fail this year. We have had an education and prevention program for juvenile court offenders in place for a couple of years which we think has been very successful. We had in the legislature this year fail a program which would have dealt with the drinking driver we feel in a more therapeutic and effective way. Training and education and, where appropriate, referral for treatment. And I guess when I say we're closer than we were a year ago, I hope we are. Setbacks like that, I think, are discouraging. We've appreciated the kind of support we have had within the State. I think in this last year working with the legislature one of the most gratifying experiences I think our division has had is the drawing together and the coordinating of existing resources which hasn't been as forcefully attended to in the past. Working toward a common goal, I think, has brought a lot of the treatment agencies much closer together and we feel that's been a success that we've also had. Thank you very much.

Senator HATHAWAY. Thank you very much for a very comprehensive statement, and I'm glad to see you're working so hard with the problem. Hope we can help you and the other States more than we've been able to in the recent past, but I think the prospects for getting more Federal assistance increases as time goes by. Thank you for endorsing the occupational program. Appreciate it.

I believe that that concludes the testimony for today. I certainly appreciate all of the witnesses' statements, and we'll keep the record open for 3 weeks for any written statements that anybody else wants to put in the record. Orrin, would you like to say anything else before we close?

Senator HATCH. I'm just very indebted to our chairman here for bringing these hearings to Utah. I think it's in keeping with his desire to really do something about this problem rather than to just have a show, and I think we're going to do this as much as we can. I'm looking forward to holding some hearings down in California where maybe we'll have some of the people in the entertainment world who have great influence throughout our society come and testify. And we've already done that in the past, as I understand it, to a degree. And we're just very grateful to have Senator Hathaway and his staff and Senator Williams' staff member here with us in Utah, and we hope that they've enjoyed their stay and I think maybe we've accomplished quite a bit here today.

Senator HATHAWAY. We have very much, and we're indebted to you and your staff, Orrin. It's a pleasure to work with you.

Senator HATCH. Well, thank you. The same, Bill. Feel very good about it.

Senator HATHAWAY. Well, I guess that's it.

[Whereupon, the hearing was concluded at 2:15 p.m.]

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